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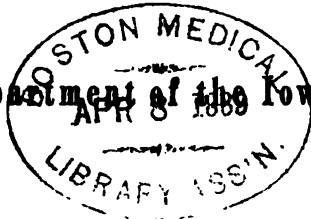
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THE
IOWA MEDICAL JOURNAL.

CONDUCTED BY THE FACULTY

OF THE
Medical Department of the Iowa University.



Second Volume.

KEOKUK, IOWA:
PUBLISHED BY J. B. HOWELL & CO.
1855.

CATALOGUED,
E. H. B.

4/8/89.

ST. LOUIS MEDICAL COLLEGE.

(Formerly the Medical Department of the St. Louis University.)

The Regular Lectures in this Institution will commence on the first day of November, 1855, and continue until March. A preliminary Course at the College, as also Clinical Lectures at the Hospitals and the Dispensary, will be delivered without extra charge, during the month of October.

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CHARLES A. POPE, M. D., Dean.

September 25, 1855.

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MEDICAL DEPARTMENT.

SESSION OF 1855-'56.

The regular Course of Lectures will commence on Monday, Oct. 8th, and will be continued until the 1st of March.

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FEES —For the entire Course of Lectures,	- - -	\$105 00
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JOHN J. REESE, M. D. Registrar,

No. 122, S. Ninth Street,

PHILADELPHIA.

September, 1855.

PHILADELPHIA COLLEGE OF MEDICINE.

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FACULTY.

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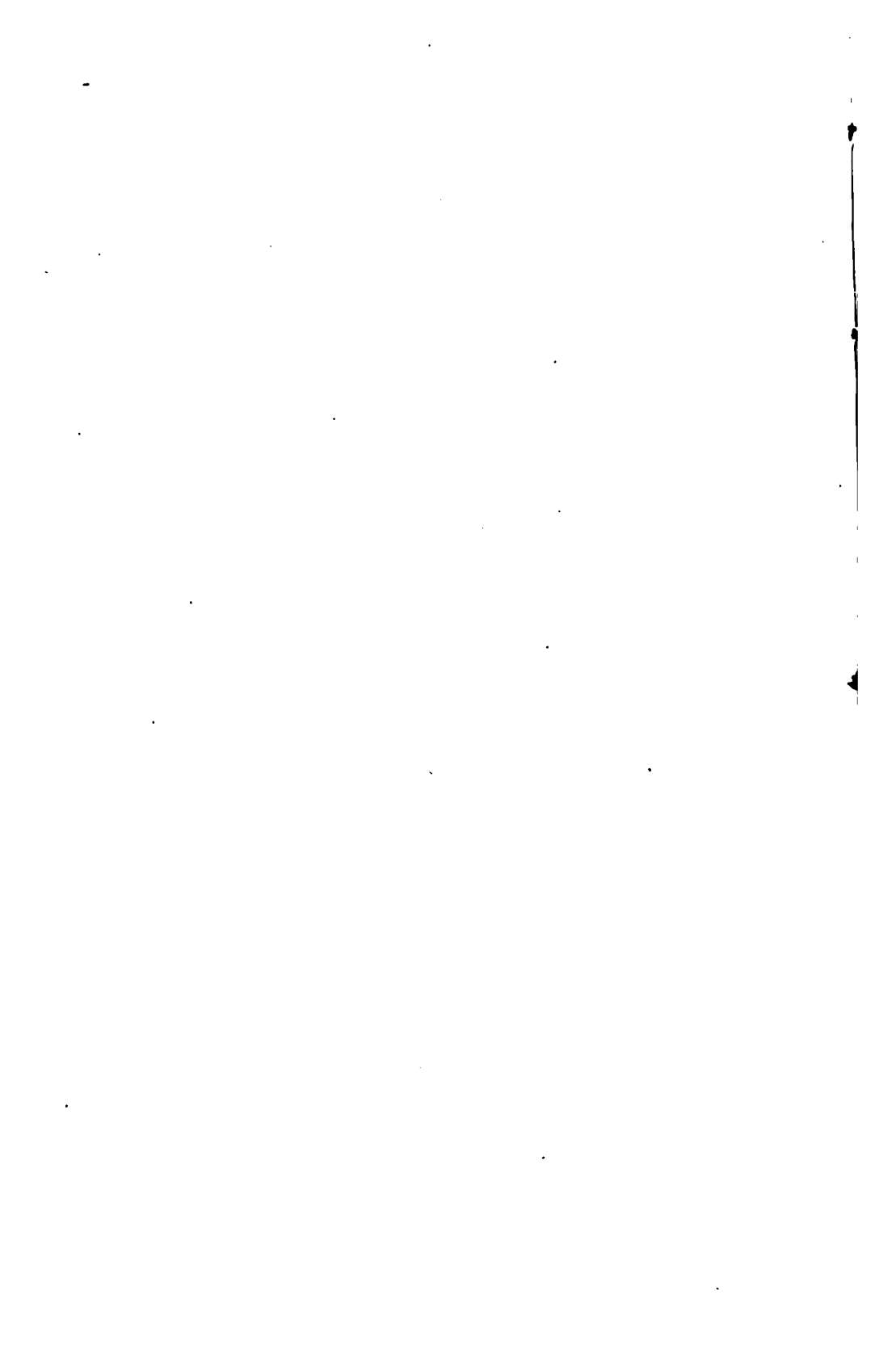
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September 25, 1855.

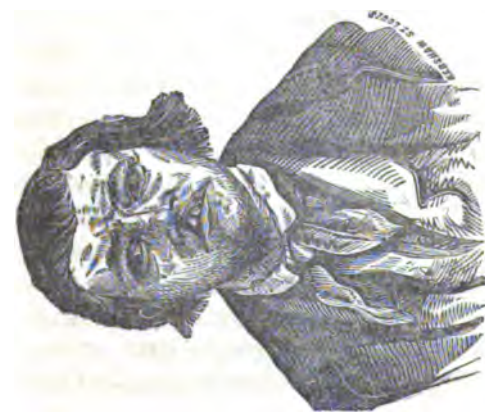


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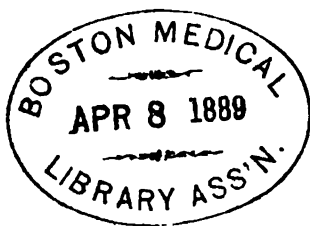
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Operation performed Nov. 29th, 1854, before the Medical Class, by J. C. Hughes, M. D., Prof. of Surgery.
A report of this case was made in the January No. of the last volume, which is referred to on page 20th of this No. The engravings were made from daguerrotypes taken before and after the operation.

1354



THE
IOWA MEDICAL JOURNAL.

VOL. II.

KEOKUK, IOWA, OCT. & NOV., 1854.

NO. I.

ORIGINAL COMMUNICATIONS.

NOTES ON ANATOMY.

BY J. C. HUGHES, M. D.,

Professor of Surgery in the Medical Department of the Iowa University.

(Reported to the State Medical Society, 1854.)

As Chairman of a Committee appointed by this Association, upon one of the most important branches of the Science, *that of Anatomy*, would submit to your honorable body the following Report:

Before proceeding to notice any particular investigations, I shall be pardoned no doubt, for offering a few thoughts upon that branch of study which is regarded by every tyro, about to enter upon its investigation, and indeed by too many who have already prosecuted it, as *dry, difficult*, and uninteresting. This serious error should be combated on every occasion, and its unfortunate consequences exhibited as a warning incentive to greater zeal in the cultivation of anatomy. To the absence of a competent knowledge of anatomy in the earlier ages, was attributable the great want of surgical skill, and the inefficiency of this department so important to human life.

The details of Anatomy are not *dull*, or dry; on the contrary, no subject can be more interesting than the enquiry into the structure of organized bodies. The structure of the earth, its mountains, hills, and plains, are subjects of the liveliest interest, and have engaged and are now engaging the attention and arduous investiga-

tion of the most learned and scientific of the past and present day ; but how much more interesting is that enquiry which seeks to learn the structure of the human body.

The practical benefits which result to the human family from a knowledge of the structure of the inorganic matter composing the earth's structure, sink into insignificance when compared to those advantages derived from a knowledge of the structural formation of the human body. The physiologist in his discussions upon the laws of life, discourses eloquently of the relations subsisting between different organs, and the offices performed by each ; but, after all, he owes to the anatomist his knowledge of the minute structure by which this office was performed, and all his rich and beautiful elucidations of function are gleaned from and are the results of the practical, patient, and laborious researches of the anatomist.

What would he know of the secretion of *bile* by the liver, unless minute investigations had disclosed numerous primary cells ? What would we know of the *aeration* of the blood, did not the anatomist discover the air vesicles capped over by a tissue or network of vessels carrying blood, seeking to be vitalized ? He might, by the aid of the microscope, detect the spermatozoa in the seminal secretion, but what would he know of fecundation and conception had not the knife exposed the ovaries, the Graafian vesicles and the canal of the Fallopian tubes, terminating in the uterus. The truth is, physiology could not exist without anatomy, and it never did until anatomy was cultivated. And yet, Anatomy in the abstract would prove but little more than a map or the description of a complicated machine which in its parts could be separately described and the relations given ; but it required physiology to describe the action and uses of each part, and their action and uses in the aggregate, in a normal state and condition.

An examination of the structure would necessarily result in a just comprehension of its actions and purposes, for it would be very singular indeed if the mind were to cease its enquiries simply upon an examination of its structural formation. Because Anatomy formed the basis of physiology, it follows that in proportion as the former advances, the latter will improve, hence the necessity for its further and more thorough cultivation.

Anatomy and Physiology explain the normal condition of the

parts in health. They fix the standard, which is of vital importance, and because of this they constitute the foundation of the Science of Medicine.

When the medical man passes forth to the performance of his duty, armed and prepared to contend against disease, he must be familiar with healthy structure, in order that he may be able to institute profitable comparisons between this and a diseased condition of parts, or in other words, he must know what is normal before he can certainly decide upon the abnormal.

Not only is he required to know the abnormal condition of the *structures* of organs, but he must know also the abnormal condition of *function*, the dependence of one organ upon another, and the relations subsisting between each.

These relations take place through nervous and vascular arrangements and connexions, and here again the physiologist appeals to anatomy for the facts as revealed by the scalpel. An analysis leads him to the adoption of the doctrines of reflex functions, reflected irritation and sensation through the agency of the nervous centres and the sensory nerves.

The Pathologist follows closely in his path and finds excessive pain in the sacral region and calling upon the anatomist, the nervous arrangement is explained, and the physiologist suggests irritation at the sentient extremities of the sacral nerves, and in the progress of his diagnosis he will most likely find the true seat of disease in the rectum. Further on in the progress of duty he is required to examine a painful knee, but all the other symptoms of inflammation are wanting, and the anatomist is now required to explain the nervous arrangement here, and the physiologist describes the *modes operandi* of reflected sensation, and he readily diagnoses the disease to be coxalgia; or he finds the spleen enormously engorged, and his anatomy describes this organ as a vascular gland and capable of great distention, and also that there is a vascular connexion with the liver. The Physiologist explains the supposed office of the spleen in sharing the congestion with the liver, and the diagnosis will be that of portal congestion. But it is not necessary here to multiply instances.

The subject of Anatomy acquires increased importance when considered in its relation to Surgery. It were needless in me to

say that it is indispensable. Without it the operator cannot make one single movement unless he thereby incurs the greatest risk to the life of the patient. In all the capital operations whether of Lithotomy, Herniotomy, or any of the other feats in Surgery, without understanding the structures which he invades with the knife, he will be in danger of Scylla on the one hand, and Charybdis on the other.

He may be called upon to check an alarming hemorrhage which threatens the life of his patient. If he knows nothing of the location of the vessel whence it flows, he will fail of his duty, and be compelled to look upon the vital spark as it flickers upon the altar, and to see his patient sink into the grave. Methinks I see his tremulous lip whisper—"would I were an Anatomist."

After these few remarks, I shall proceed to speak of some variations from the regular order of distribution of the muscles, arteries, &c., as described by our different authors, as well as refer to one or two muscles which I have not seen mentioned or described by any author.

In the winter of 1852 and '53, while preparing my dissections for demonstration before the class, I found in dissecting the Auricular group of muscles, a beautiful little muscle from 20 to 24 lines in length, and from 4 to 6 lines in width, situated about half an inch below the *posterior auris*, arising from the fascia which bound down the *Sterno-Cleido mastoid* muscle, and also from the mastoid portion of the temporal bone. Tracing the muscle carefully, I found it to be inserted into the posterior portion of the concha opposite the *meatus auditorius externus*, and seemed to be intended as a dilator of that opening. It had no connection with the proper muscles of that region the *Retrahens auris*, which is sometimes found to have one or more fleshy fasciculi. We will now leave the Auricular group and pass to that group known as the elevators of the Os Hyoides and Larynx. From the anterior belly of the *Digastricus* muscle, I have found in nearly all the subjects I have dissected a distinct set of fibres arising from the *Supra-Hyoidean* fascia which has not been described by any Anatomist, unless Cruveilhier when he speaks of a small fasciculus arising from the Os Hyoides and strengthening the anterior belly of that muscle. The fibres seem to belong to that muscle, but by many

are separated, supposing them to be a distinct muscle, since the direction of fibres in connection with the fascia, does not correspond with the direction of the fibres of the anterior belly of the muscle.

In the dissection of the superficial group of the neck by one of the students, I was called to notice the origin of the *Sterno-Cleido Mastoid*. It arose by a broad belt from the Clavicle, no portion of it originating from the sternum, nor did it present any of that separation which has been regarded as always present.

In the Thoracic group, the *Pectoralis Minor* was not only inserted into the Coracoid process of the Scapula, but had its tendinous fibres mingled with the *Coroco*, *Brachialis*, and with the short head of the *biceps*, for the distance of more than an inch, the connection being very firm.

In the anterior and posterior scapular regions, I found the *subscapularis* to be inserted not only into the lesser tuberosity of the humerus, but also into the capsule of the joint, and the *supra-spinatus*, *infra spinatus* and *teres minor* inserted into the same capsule as well as into the greater tuberosity.

Passing down the arm, we come to the *pronators* and *flexors*, having their origins principally from the inner cordyle of the humerus. There is no student, or I might say practical anatomist, who is not confused when he attempts to trace out their origin as described. And the profession are, and well might be, satisfied with knowing the object of each, without their exact points of beginning. Coming to the *Abductor pollicis* which by most anatomists is spoken of as a very small muscle, we find upon examination that it is about two inches in length and one in width, covering in nearly the whole of the *Flexor brevis pollicis* and *Flexor ossi metacarpi*. I have frequently separated this muscle, supposing I had two abductors when in fact there was but one. Again, the *abductor minimi digiti* is represented as being a very small muscle, when in truth looking to the position it occupies, it is of considerable size, and not only arises from the pisiforme bone, but often has a distinct fleshy fasciculus from the annular ligament.

The *lumbricali* muscles, four in number, arose as described excepting the two which should have arisen from the tendons of the *flexor profundus*. In this instance both arose from the tendon

which passed to the little finger, the insertion between the ring and middle fingers was by two tendons which is sometimes the case.

The *Serratus magnus* of the lateral thoracic region, instead of its natural origin, arose from the eight superior ribs. The first part from the first and second, and the second part from the second and third. The fibres of the second part commencing anterior to those of the first; the third part arising by six fleshy digitations from the third, fourth, fifth, sixth, seventh and eighth ribs. These digitations were very distinct, five of them indigitating with the external oblique. The insertion of the three parts correspond with Wilson's description, but not their origin.

In the Gluteal region, the *quadratus femoris* was unusually small, not over half an inch in width. The *obturator externus* very large. The *vastus internus* and *externus* had their origins, not only from the edge of the patella, but also from the tendon of the *rectus* for a distance of some three inches.

The *Iliacus* of the internal femoral region arose from the lower border of the anterior inferior spinous process of the ilium; also, from the outer surface of that region and from the capsule of the joint, as well as the inner concave surface of the ilium. The insertion of the common tendon of the *Iliacus* and *Psoas* into the lesser trochanter was as usual, but in addition to this there was a broad insertion from one and a half to two inches, seeming to belong properly to the *iliacus*, which was inserted into the line leading from the anterior inter trochanteric line to the linea aspera.

The *Pectineus* arose not only from the pectineal line, but from the surface of bone in front, also the angle, spine and crest of the pubes. The *extensor longus digitorum pedis*, instead of having its four tendons divided into five, the outer tendon being inserted into the base of the metatarsal bone of the little toe, alongside of the *peroneus tertius* and also into the inner extensor tendon of the *extensor brevis digitorum pedis*. The *flexor brevis digitorum pedis*, divided into but three tendons, which were inserted into the three larger toes as described, the one for the lesser toe being absent.

Having finished what we have at present to say upon Myology, we pass to that portion of Angeiology, viz: The Arterial Circulation noticing some peculiarities in their distribution. In the divis-

ion of the right common carotid artery, I found the internal branch to be three times the size of the external. The branches of the external were as follows: the Superior Thyroid normal; at the point of origin of the lingual a large trunk came off, which at half an inch divided into the lingual and facial, there was no mastoid artery, but the occipital and auricular were as usual. The ascending pharyngeal was also wanting, and the transverse facial came off in common with the division of the external into the temporal and internal maxillary, the temporal bifurcating as soon as it crossed the zygoma.

In a female subject dissected by one of the classes, the right carotid artery did not bifurcate until on a level with the inferior maxilla. The common carotid gave off the superior thyroid, and immediately on its bifurcation, gave off the facial and lingual by a common trunk. The left carotid did not bifurcate until it had passed the superior border of the thyroid cartilage nearly half an inch.

The right subclavian was of large size, its direction natural, but its distribution somewhat unusual. The vertebral, its first superior branch, was natural. The thyroid axis gave off but two branches, the inferior thyroid and superficialis cervicis, the supra scapular coming off from the axillary, and the posterior scapular from the third division of the subclavian passing between the fifth and sixth cervical nerves as they united in the formation of the brachial plexus. The profunda cervicis came off a little anterior to its natural position and instead of passing between the transverse processes of the seventh and eighth vertebra, passed between the sixth and seventh. This is an exception (as Cruveilhier in his work states that in the examination of forty cases with reference to this particular point, he never found the artery to pass in that direction.) At about four lines from its origin it gave off the superior intercostal, which wound around the under surface of the subclavian, passing beneath the vertebral vein. The internal mammary was of large size and was the only branch given off from its under surface.

Of the Axillary artery, the thoracico acromialis and superior thoracic came off by a common trunk, which is frequently the case. Of the Brachial Artery, the superior and inferior profunda came off side by side from the natural position of the superior forming

almost an axis, each taking its proper direction and carrying out its regular distribution.

The Arterial distribution of the fore arm was normal, so also of the veins and nerves.

We may resume a consideration of some other departments of this subject, at a future opportunity.

EFFECTS OF MEDICINE ON THE HEALTHY HUMAN SYSTEM.

BY E. C. ATKINSON, M. D., DOVER, IOWA.

The science of therapeutics has now attained a degree of perfection at least equal to that of any other. The prescriptions of the physician, who merits the name, are no longer influenced by magical incantations, and visionary notions of relations and affinities which never existed. His opportunities enable him to acquire a comprehension of the relations of medicines to each other, and to diseased action, so that he can rest his judgment on the legitimate basis of sound philosophy. After determining the pathology of the case before him, the experienced practitioner may generally prescribe with singular confidence as to the effect which will follow, often eradicating disease in its incipency, controlling it in its culmination and decline, and alleviating what it cannot cure.

With the physiological effects of medicine, however, we are not so well acquainted. The science of toxicology is yet in its infancy. This arises not only from the fact that it is a subject of comparatively modern inquiry, but from the limited field of observation to which the student of this department of science is necessarily restricted.

While he may have daily opportunities of witnessing the effect of curative agents in disease, he is indebted chiefly to the occasional circumstance of accident, or criminal design, for testing their effects in health. Nor is this the only difficulty he has to encounter; under the same modifying influences, the action of medicine is less uniform in the healthy than in the diseased state.

When disease invades the system, it levels to a great extent its peculiar sympathies and idiosyncrasies, and establishes a tolerance of the agents necessary for its cure. In health, on the other hand, with all its sympathies in full play, each system is acted upon differ-

ently. Thus we might give a certain quantity of Tinct. opii to a number of individuals of the same nativity, and apparently of the same condition; but while we should find the lives of some destroyed by its effect, others would hardly be in the least affected; a fact not referable to their muscular strength, but to a different susceptibility of their nervous systems to its action.

Again, medicines sometimes exhibit a specific effect on the healthy system, to a knowledge of which their effect on the same system in disease furnishes us no precedent. An interesting illustration of this principle recently came under my notice.

An old lady of much experience as a nurse, asked me for a mild laxative, cautioning me at the same time not to give her rhubarb, for said she, "it always gives me violent strangury." A few weeks subsequently she called on me again for a similar prescription. I gave her rhubarb concealed in pills; a severe strangury was the result, which, however, was soon relieved. A few months after she suffered from a severe attack of erysipelas, during the course of which she was troubled by a persistent watery diarrhoea, for which I gave her rhubarb at several different times, with no other than the best effects. Since her recovery, I have been informed of another case on whom rhubarb produced the same bad result. With these facts before us, it is obvious that some time must elapse before Toxicology can be considered a matured science resting on a firm foundation. The task, however, by the energy of the medical profession, will doubtless in due time be accomplished.

Without further preliminary, I submit the following record of cases for publication, without attempting a philosophical analysis of the facts which they contain.

Effects of Opium.—Case I.—Mrs. C., aged 69, never had much sickness, intellectual faculties but little impaired, was advised by a friend to take Tinct. opii for a slight diarrhoea, accordingly took 30 gtt. on going to bed. About fifteen minutes after retiring, her moanings awakened her daughter, who found her in great distress, though sufficiently rational to inform her what she had taken. Her daughter at once sent for medical aid, but before I arrived she was dead. I ascertained that about fifteen minutes after the toxic effects were first exhibited, she sank into a perfect coma, and in about two hours died.

Case II.—Mr. B., aged 18 years, on account of some difficulty with his lady-love, attempted suicide by taking of Tinct. opii 20 gtt. This small quantity, however, produced an extreme impression. After taking it, he retired to his room. One hour after, when found, the following symptoms were presented: pulse moderately full, beating but 40 per minute, stertorous respiration, countenance livid and suffused, skin moist and cool, extreme stupor, total insensibility to external impressions, and powers of life sinking. After trying a variety of means for his relief, with no apparent good effect, we resorted to showering his head with cold water, under the influence of which he gradually recovered, though after he was revived, there was for some hours a great tendency to relapse, requiring the most vigilant care, and repeated applications of the water.

Case III.—G., a child of one week old, strong and healthy—during the night its mother gave it 8 gtt. of laudanum to keep it quiet. It sank into a stupor, in which state it remained for a space of nearly ten hours, after which, by the use of energetic means, it was aroused, and slowly recovered; during convalescence it had several severe convulsions, from which it was completely restored.

Case IV.—C., a child seven days old, large and healthy, its mother gave it 7 gtt. Tinct. opii in the night to keep it quiet; in about an hour it sank into a stupor. At the end of about two hours I was called in. It then presented all the symptoms of extreme narcotism. Notwithstanding our utmost efforts, it died in about eight hours; it revived several times, and we fondly hoped the worst was over, but the nervous system had received an impression incompatible with life. The closing symptoms were severe convulsions. I shall ever regret that I did not make use of artificial respiration, the only remedy which I think might have been of benefit. The practice of giving laudanum to very young infants, either in health or disease, cannot be too severely reprobated. I have met with several cases of convulsions in infants, under one year old, caused, I have reason to suppose, by the secondary effects of some form of opium.

Case V.—Mr. A., a young man, aged 20 years, of nervous temperament, good habits and good constitution, while suffering from toothache, was advised by a careless physician to take laudanum.

He accordingly purchased an ounce, and being ignorant of its nature took three-eighths of it. After taking it, he started for his home, five miles distant, and with great effort reached it, retired immediately to his room, and slept ten hours. At the end of this time I saw him, all the symptoms of narcotism were passing off, and in two days he was well.

I once heard a physician of reputation and experience testify that three drachms of laudanum retained on the stomach of an adult would "in all cases as a general rule produce death." Had he been well acquainted with the different works on Toxicology, he would have known that this rule has too many exceptions to be depended on. Equally as unintelligent testimony is frequently given by physicians in medicolegal cases to the great disgrace of our profession.

Effects of Morphia.—Case I.—C., a boy two years old, took one-sixth of a grain of sulph. morphia, through mistake for calomel. In about one hour he was seized with opisthotonos, which continued about five hours, when the life powers suddenly yielded. Some little stupor was present prior to the attack coming on.

I never have known this effect to follow a narcotic in any other instance. In this case it must have been produced by the morphia, as there was no other cause for it.

Effect of Camphor.—Case I.—L., a man aged 45, an inveterate drunkard, during a debauch, drank about one and a half ounces of saturated tinct. camphor, was seized with convulsions one hour afterwards, and died in forty minutes.

Case II.—Mr. A., a young man aged 21 years, while walking the street with a friend, *accidentally* swallowed one drachm of gum camphor. Nothing more was thought of it, until one hour after, when he suddenly dropped to the ground while talking, and remained in a complete stupor for about half an hour. He then revived and resumed conversation as if nothing had happened—no medication was resorted to.

I have on record three other similar cases; complete anæsthesia was the result in each, and no bad consequences ensued.

Case III.—Mrs. K., aged 34. Five powders of camphor of three grains each, pulverised by addition of a few drops of Spts. Nit. dulc., were left her for after pains; after taking the third, convulsions supervened, though mild, and soon passed off; on the next

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day the other two were given with like effect. Some authors state that camphor produces convulsions only when taken in solution, a rule which evidently has exceptions.

Sulphate of Zinc.—Case 1.—D., a young man aged 28, took one table-spoonful of sulphate of zinc, supposing it to be Epsom Salts; violent vomiting, and subsequently violent purging ensued. These effects soon terminated spontaneously, and on the next day he resumed his business. I examined the sulphate of zinc, and found it good article, slightly damaged by contact with the atmosphere.

LABOR COMPLICATED WITH MONSTROSITY.

BY DR. J. Q. EGELSTON, PRIMROSE, IOWA.

Dec. 29th, 185—, was called in attendance upon Mrs. K., during her third confinement; found her general health good; the state of gestation had not been attended with any unusual symptoms, with the exception of a slight sanguineous discharge from the vagina, five or six weeks before her accouchment, and was at the time attributed to too great bodily exertion; since then she had worn a puerperal bandage; was informed that the “waters” had been discharged before my arrival at six o’clock, A. M.; the pains were light and unsteady, and soon altogether subsided until near twelve o’clock, M., when they returned and successively increased in frequency and severity until the labor terminated at 2 o’clock, P. M.

1st Examination. Perineum relaxed; vagina moist, also relaxed, soft, and cool; the os uteri dilating kindly, the presenting point soft; occupying the mouth of the womb, and much resembling the “bay of waters,” though rather smooth to the touch; no distinguishable part of the foetus could be felt; concluded that the “membranes” were still unruptured.

2nd Examination. An hour later, some progress had been made toward delivery; the presenting point, a soft round tumor, occupying the superior strait, in the side of which could be distinctly traced a fissure of an inch and a half or two inches in length, by an inch in depth; could not yet determine the part presenting.

3rd Examination. Twenty minutes later, the tumor entirely ex-

pelled, but still attached by its internal surface; the nature of the case was now made fully evident to have been a *liver* presentation by actual examination; the hands and feet were next following, and after these, the head and breach; the foetus being doubled in the straits of the pelvis, or rather between them; and presenting at the inferior, where they, for a few moments, resisted all further expulsive efforts of the uterus, until a retrocession of the breach could be effected, and restrained until the next accession of uterine action, when the foetus, placenta and membranes all came away together, without injury to the mother.

The after treatment prescribed was the same as is usual, in normal labors; her recovery was speedy, and without any untoward symptoms attending it. The foetus had been dead for some time, and was much deformed; the head had the appearance of having been stretched at the centre of its long diameter, rendering its short one much less than symmetrical; there was emphysema of the scalp at one or two points; the nose was turned close to one side; and the face otherwise considerably distorted; the sternum lay in a diagonal position with the median line of the body; the ribs crooked, misplaced, and over the region of the heart were altogether wanting; here the integuments assumed all of the characteristic appearances of the pericardium, beneath which the heart could distinctly be felt; the liver and a part of the alimentary tube were situated entirely outside of the abdominal cavity, and were attached to its parietes immediately underneath the lower point of the breast bone; the body of the foetus was twisted upon its axis at near the centre of the spinal column, to such an extent as to bring the posterior parts above this point, upon a parallel with the anterior, but below it; the hands were broad, flat, and short, and apparently without joints at the articulations of the wrist or fingers; the feet were similar in appearance, and joined to the legs at their internal lateral surface, also without joint; the funis formed the border of a thin membranous attachment between the foetus and itself, which could be traced as arising from the umbilicus upward, under the edge of the ribs, across the sternum neck and face, and finding an insertion along the whole length of the umbilical chord; no sexual organs were perceptible, and its whole bulk was fully equal to that of a well-formed, healthy seven month's child.

Such is an imperfect and hasty description of this mal-formation, and of the peculiar symptoms attending the progress of labor.

IODINE IN CONTINUED FEVER, PHARYNGITIS AND PNEUMONIA.

BY DR. G. W. HALL, CARTHAGE, ILL.

I was induced to try the effects of Iodine in continued Fever, from seeing a statement in some journal that a physician in one of the Southern States had been using it in this affliction with success. I have forgotten the name and location of the physician, and can only make this general reference.

In the first case in which I tried it, I gave it on the seventh day of the fever, after the usual remedies generally employed in a case of continued fever without any discoverable local complication, and the *abortive* method had been insufficient to arrest the febrile symptoms. In two days more, during which the iodine was continued, the fever, according to common parlance, was "broken," and the patient speedily convalesced, without a relapse or any untoward symptom. The next case in which I gave it, I will give more in detail.

I was called on the 10th day of April last, to see a little girl of Mr. S., aged eight years. She was taken sick on the 6th, with a chill, followed by fever, which had continued until the time I was called, without any discernible remission, so far as I could learn. Diarrhoea had set in two days before I was called. She had delirium at night, caused perhaps by a loosing exacerbation. Pulse 120, small and weak; skin hot and dry. Tenderness on pressure in the right iliac region. Tongue dry and covered with a brownish coating. No eruption. I prescribed calomel and ipicacuanha; applied a blister over the abdomen, and directed her attendants to sponge her frequently in cold water, and to apply cloths wet in cold water to her head.

Next morning there was an admixture of bile in the discharges from the bowels—tongue a little moist. Same in other respects. Five grains of quinine were ordered every three hours. No better in the evening. A mixture of turpentine and laudanum was pre-

pared and several doses given through the night. At the morning visit next day I found her weaker; sordes were collecting on the teeth; tongue dry and fissured; diarrhoea undiminished; blister drying. At this visit I dissolved two grains of iodine, with six grains of iodide of potassium, in an ounce of water, and directed her mother to give fifteen drops every two hours. In the evening her tongue was again a little moist; discharges from the bowels not so frequent. She had no delirium that night. Next morning the tongue was cleaning, and the skin, which had previously been dry, was now moist. From this time she quickly recovered; the iodine was continued two days longer, at which time she was discharged from treatment.

I have since used it in *four* similar cases, and the same good results have ensued. I must say however that I doubt its always being attended with the same results. Other cases *apparently* similar to the above may be in more respects than one, widely different. And then owing often to some inscrutable cause, such is the diversity in the action of remedies, that we can rely with entire certainty on the powers of none. Still, I believe that in cases *precisely similar* to the above, the iodine would have the same effect. If others should be induced to try it, I trust they will give the profession the result of their experience. In the Boston Medical and Surgical Journal of November 16th, 1853, there is an article from Dr. A. P. Merrill, of Nashville, Tenn., in which he recommends the iodine as a local remedy of value in pharyngitis.

Since I saw that I have treated several cases with it, and I believe it acts as well and often better than the nitrate of silver. In acute tonsilitis it will be found, I think, to be more prompt in arresting the inflammatory process, than almost any other remedy.

Dr. Merrill's formula is as follows:

R	Iod. Potass.	3j.
	Iodine,	3ss.
	Sugar, and Gum Arabic,	aa 3ij.
	Water,	3j.

M. To be applied to the part affected with a camel's hair pencil. If too strong, to be diluted by adding warm water.

In the last two years I have used the iodine and iodide of potass., in many cases of pneumonia, and the cases in which it was given have recovered sooner, and done better than under any other treat-

ment I have ever tried. How it acts I do not know; but certain it is that in my hands it has tended powerfully and promptly towards producing an amelioration of the symptoms and a resolution of the inflammation.

It relieves in a very favorable manner, the distressing cough, dispnoea, and heat of surface.

Carthage, Ills. July 22, 1854.

CHOLERA IN BOSTON.

BY E. B. MOORE, M. D., BOSTON, MASS.

(From a letter to one of the Editors.) * * * We are now surrounded by a cholera atmosphere, and although the disease has not yet become an epidemic, yet many have fallen victims to its withering influence. Some physicians in this city and its immediate environs have been suddenly removed by it, though in the case of some the fatal end was supposed to have been induced more by mental and moral causes, than even by previous exhausting labors and cases. Proper hygienic regulations, and even a very moderate attention to personal habits, is believed to be sufficient to protect one from the disease.

As your city may become afflicted with this disease, if it has not already been visited by it, and your services will be called into requisition to stay its progress, I have thought a few suggestions as to my mode of treatment, might not be wholly uninteresting to you. You are aware that I have had considerable experience in its treatment, and that my success has been fully equal to that of any others. During the epidemic of 1849, while you were with me, you remember I had the medical charge of one of the districts of this city, where the disease was more prevalent than in any other part of the city, and that I had an ample opportunity to try the effects of various remedies and modes of treatment, and to test their comparative efficacy; an opportunity, in fact, much more abundant and absolute, than usually falls to the lot of those physicians whose observations are restricted to the rounds of ordinary private practice, however extensive. Both during that epidemic and the present season, if called early, the disease was almost always arrested, and

this circumstance, more than any other, constitutes the turning-point of the case.

The indications of cure are to allay the spasms, to stop the vomiting and purging, and to restore the secretions of bile and urine; these accomplished, the patient is well. To allay the spasms, and to put a stop to the vomiting, I give as follows:

R	Sps. Lavend Comp.	
	Tinct. Opii Camph.	aa 3ij
	Muc. Acac.	3ij
	Chloroform	3j
	Aq. Cinnamomie	3j M

Dose, a teaspoonful every half hour, or oftener if urgent, in a little cold water, and if vomited up, to be repeated again immediately. Apply mustard paste to the epigastrium, rub the extremities with *dry hot* flannels, and wrap the whole body in the same. Give no drinks, except perhaps occasionally a little ice water, or a piece of ice, if thirst is urgent.

This course will frequently fulfill the first three indications. If the purging is not stopped in one-half or three-fourths of an hour, I give a quarter of a grain of Sulph. Morphicæ, made in a pill with Pulv. Acacia, every two hours, but if the case is very urgent, somewhat more frequently. In addition to hot flannels, I order bottles of hot water to the feet and about the body. As soon as the cramps, vomiting and purging are stopped, which will generally be in the course of three hours, and sometimes much sooner, I endeavor to restore the secretions of bile and urine. For this purpose, to invite the bile, I generally employ the following prescription, which though mild, rarely fails of accomplishing a favorable effect:

R	Pulv. Opii,	grs. ij
	Hydr. c. creta	" xij
	Muc. Acacia	2 s.

M. Ft. pl. No. vj—one every two hours.

To restore the secretion of urine, I think by far the most appropriate means that can be employed, is Chlorate of Potass. which I give in five grain doses, every two hours, alternating with the pills above mentioned.

This then is the mode of treatment upon which I rely most, in my conflicts with this fearful disease. I have not been guided in

the choice of this treatment by any of the numerous fancies and theories respecting the intricate character of cholera. I have simply asked myself what are its obvious phenomena, and what mode of meeting these morbid tendencies, most readily suggests itself to the consideration, and commends itself to the judgment. My individual testimony is, that this course I have found more successful than any other plan of treatment, and this consideration amply compensates for any lack of startling novelties it may possess.

This year, thus far, I have not lost a single patient with the cholera, notwithstanding I have had many cases which at first view, appeared almost desperate.

As a remedy to check the premonitory diarrhoea of cholera, and also as an excellent remedy for chronic diarrhoea supervening from other causes, I have found nothing equal to the *Liquor Ferri Per-nitratis*, given in doses of ten to twenty drops once in three or four hours.

BOSTON, Aug. 14, 1854.

GUTTA PERCHA SPLINTS.

BY SAM'L. H. CASE, M. D. ONEONTA, N. Y.

For many fractures, sprains, diseased and wounded joints, where something like an immovable apparatus is required, gutta percha as a material for splints is, above all other appliances and inventions with which I am acquainted, the very thing desired. Although it is several years since it was introduced into this country and recommended to the profession for various surgical purposes, I am not aware that it has come into very general use as an article for splints; indeed the probability is that it is not very frequently used.

These splints have advantages, however, over starch, felt, or paste board, in ease and facility of adaptation to the particular case in hand. They are sufficiently firm, and are not liable to be injured at all by water or any other application that the Surgeon might wish to make to the limb. They may be easily removed and re-applied whenever desirable, and altered in shape, if necessary, with very little trouble. The material is cheap and durable; it can be re-

moulded whenever wanted, thus superseding the necessity of keeping on hand a score of felt and curved splints of different shapes and sizes.

It may be a convenience to some practitioners if I describe here the manner in which I have been accustomed to mould these splints for fractures of the leg. Any other desired shape can be made in a similar way:

Put as much gutta percha as may be required in water, brought nearly or quite to the boiling point, and when soft enough to work, make a roll of it on a table; then bend a due proportion of the roll at a right angle for the foot, and flatten the whole with a rolling pin to the requisite length, width and thickness. It should be as long as the leg and foot, wide enough to envelop about half the circumference or even more of the limb, and from an eighth to one fourth of an inch in thickness. After making this "tablet" in proper shape, select some individual having a limb the size and shape as near as may be, of that of the patient—cover it with a stocking and perhaps cloths or bandages so as to resemble the fractured leg when bandaged, place the foot at a proper angle with the leg and request the individual to keep it so, till the splint shall be removed, then apply the "tablet in a yielding state (not too hot or soft, for it may stick to the stocking or bandages) and over all apply a roller bandage from the toes to the knee, so as to adjust every part of the splint to the limb. In fifteen or twenty minutes it will be hard enough to retain its shape and may be removed.

The fractured limb should be bandaged and the splint lined with cotton flannel or two or three folds of soft cotton or linen cloth before it is applied, otherwise the confined perspiration may irritate and excoriate the skin, the gutta percha being impervious to water. If this be not sufficient, holes may be punched or bored in the splint. For this reason too it is better not to enclose the limb entirely with these splints—a stout narrow one may be formed for the opposite side if deemed necessary, or a common padded splint may be used, over which the outside tapes or strips of bandage may be tied, and the whole secured with a sufficient degree of firmness.

CASE IN SURGERY.

BY J. C. HUGHES, M. D.,

Professor of Surgery in the Medical Department of the Iowa University.

Case I.—Operation for Complicated Hair Lip.—Thos. McGuire, aged 18 years, presented himself, Nov. 29th, at the Hospital for operation. I found upon examination, his condition to be as follows: The external fissure, reaching continuously from the lower edge of the lip on the right side of the corresponding nostril, which was widely separated, being about an inch and a quarter wide at its lower or labial portion, and terminating in the nostril by an opening three quarters of an inch wide. There was also an arrest of development in the superior maxillary, the fissure in the bones being partially filled by irregular teeth projecting horizontally from the left side. The complication with cleft palate which existed, extended through both the hard and soft structures, exceeding in width half an inch.

Preparatory to the operation for this repulsive deformity, I found it necessary to remove a number of the teeth which would obstruct the anticipated union of the soft parts. This having been done, forcible pressure was applied for some days to the projecting structures, for the purpose of obtaining a smooth basis for the parts about to be supported by them. These points having been accomplished, the patient was brought before the class for operation.—After administering the chloroform, (given at his own request,) I took hold of one side of the lip, separating it freely with the scalpel from its attachment with the gum, then adopting the same course with the other, both were made free; which is necessary to success, by diminishing the subsequent strain on the line of union. Then, to make a fresh surface upon the edges, I introduced a tenotomy knife through the lip at the nasal angle upon the left side of the fissure, making an incision obliquely outwards nearly as far as the labial border, when the direction was changed toward the fissured part. The same course was adopted with the opposite side, so that when the lips were brought together the projection formed by the angular incision would supply the deficiency in the lip, which would otherwise ensue. The angles of the lips were now brought upon the same level and accurately adjusted by passing a ligature

through their lower edges. I then introduced a needle, bringing the raw edges in direct contact by the application of the twisted suture. The ligature was now removed and a second needle introduced, which was also retained by the twisted suture; after this the muscles were controlled by the isinglass plaster, which completed the operation.

The parts were kept at perfect rest for forty-eight hours; adhesion by the first intention took place, and on the third day the first needle was removed, without removing the suture; on the fourth day the second. The sutures and isinglass plasters were allowed to remain some eight days. I had thought of carrying out in this case the mode of operating in Labial Tissue which originated and for some years has been adopted by Prof. Ackley, of Cleveland, Ohio. The lips are brought together either by hair-lip needles, or by a needle armed with a strong thread. This done, a fine needle armed with a very fine silk thread is passed very superficially through the contiguous margins, so as only to include the epidermis, and by numerous stitches, 20, 30, or even 40, as the case may be, are brought very accurately and smoothly together, which has the effect to prevent, or at least, lessen, the liability to prolabial chasm. But, as you will perceive, perfect and favorable union was the result in the mode adopted.

The fissure of the cleft palate is so very wide, any attempt to remedy it by a surgical operation is unfortunately out of the question. A metallic plate which is being fitted to the part by a dentist of this city, will obviate the difficulty as effectually as art can do it.

The favorable effect of the operation upon the appearance of the patient has been remarkable. The deformity had existed during his life time, and was accompanied by so marked a distortion of his features as to present an appearance almost revolting. At this time the nostril, formerly widely separated, is of a natural shape and width; the upper lip is of a uniform width and appearance, and the countenance of the patient shows no remains of his former misfortune. This contrast is more fully shown by the wood cuts, which give his appearance both before and after the operation. (These cuts were taken from daguerreotypes now in my possession.) His enunciation, also formerly so indistinct and imperfect that strangers could not understand his half-formed language, is much more clear and distinct, and can be readily understood.

DEPARTMENT OF SELECTIONS.

MENTAL DERANGEMENT—ITS SYMPTOMS AND TREATMENT.

BY ROGER G. PERKINS, M. D.

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Insanity is a term applied, by those who use it correctly, to that state of mind in which healthy action is suspended. This is, perhaps, as complete a definition as can be given of the disease. It has been defined "a loss of mental freedom," "a destruction of spontaneity in psychological action." These definitions, both meaning the same thing, are neither of them admissible, as they embrace sleep-waking and dreaming.

Locke's definition was, that madness consisted in "reasoning from false premises." Cullen calls insanity a false perception and consequent erroneous judgment. Prichard has well remarked, that both these definitions embrace but one form of mental disease, viz. hallucination. His own definition is as follows: "A chronic disease, manifested by deviations from the healthy and natural state of the mind; such deviations existing either in moral perversion, or a disorder of the feelings, affections, and habits of the individual, or, in intellectual disarrangement; which last is sometimes partial, as in monomania, affecting the understanding only in particular trains of thought; or general, and accompanied by excitement, namely, in mania or raving madness; or lastly, confounding or destroying the connections or associations of ideas, and producing a state of incoherence." The main objection to this definition is the use of the word *chronic*; insanity is oftentimes acute, both as to time and phenomena. Again, the definition is too long; and, long as it is, does not include the delirium of fever, the coma of apoplexy, or the lethargy sometimes following epilepsy, all of which diseased conditions belong to a mind not "*sana in corpore sano*," and, consequently, are improperly considered as anything else than forms of insanity. The great difficulty found by many writers on this subject, in attempting to define this disease, has been lest they should include the delirium of fever; but, without doubt, any one of these authors, if called upon to testify in the case of a man who during the delirium of fever had murdered his child, would urge his acquittal on the ground of temporary insanity. Throughout the whole extent of the writer's reading, there has been found no definition which seemed so proper as that which stands at the head of

this article, and which naturally suggested itself to him, as it without doubt has to many others, at the very outset of his undertaking.

All forms of mental derangement can be included for description in four classes: 1st. Mania. 2d. Melancholia. 3d. Dementia. 4th. Moral Insanity.

It is proposed to consider these four forms of mental disease separately.

I. Mania is divided into general and partial, each of which divisions contains several varieties.

The word is derived from the Greek verb signifying to rave. It has been in use as applied to this form of disease from the earliest periods of the history of medicine. Its appropriateness has never been doubted.

A patient upon whom general mania is making its approach, generally exhibits nearly the following symptoms immediately before the full development of the disease: Every natural thought and feeling is exaggerated. At first, this is scarcely noticeable; but, after a short time, the exaltation becomes more and more manifest; soon we observe former objects of quiet and unobtrusive affection are treated with the most persuasive and endearing fondness, and at the same time that those who may once have incurred the displeasure of the patient, are spoken of with a bitterness and angry vindictiveness totally inconsistent with the previous character of the individual. The patient is evidently becoming more and more a creature of impulse, and cannot fix his attention upon the ordinary employments of the day, but is wandering with strides increasing in rapidity from one thing to another. As the excitement increases, the wildness and often redness of the eye begin to attract attention. The heat of head is sometimes found to be considerable, though the patient has, perhaps, made no complaint of pain; the pulse may be full and frequent, or small and quick; the tongue is sometimes furred, the bowels costive, the skin nearly normal; not unfrequently the hands and feet, perhaps arms and legs, are cold and clammy; the muscles of the face are beginning to seem more prominent, and it may be they act spasmodically; the expression of the countenance is rapidly beginning to change; and the language, growing more and more rapid, loud, and boisterous, is interrupted by strong exertions to procure self-control, and is, perhaps, not unmixed with loud laughing or tears, as the subjects of conversation be gay or sad. At this time a wondering question, or provoked remonstrance, falls upon the patient's ear from some one who witnesses his strange actions. The patient flies at once into a passion; his abuse is loud and terrible; horrible blasphemy is poured forth with extreme rapidity; and, wildly gesticulating over the extended arms of those who seek to curb his fury, he heaps the curses of all the gods and fiends upon the devoted object of his anger. The ideas follow so quickly

upon one another, he cannot finish the expression of one before another claims his utterance, and the first is left unfinished; at last, so fast do the ideas throng through his mind, he can no longer be coherent; in his eagerness to express them all, confusion follows, and the patient is a raving maniac. This is acute mania.

It is generally three or four days before the symptoms above recited render it necessary to confine the patient, and during this time much may be done to lessen the violence of the expected attack; but of this, further on. The occurrence of acute mania, as above described, is preceded by some months, perhaps only weeks, of ill-health, slight depression of spirits, headache, sleeplessness, and anxiety, all of which precursory symptoms are vividly remembered by the friends of the patient, after it is, perhaps, too late for their treatment. Where the nervous temperament predominates, and particularly in those in which there is hereditary taint of insanity, the physician can hardly be too careful in his attentions to patients complaining of headache, sleeplessness, etc., as, by proper means, insanity is many times averted. After the patient has become raving in his madness; when the rapid incoherence, with wild gesticulations and other symptoms, have become perfect masters of the patient, and total loss of self-control has ensued, the condition of the unfortunate maniac is pitiful indeed. With few exceptions, the propensity to rend has full force; the patient speedily disrobes himself, and his clothes are in tatters in an hour. Windows (if within his reach) are shattered; and, reckless of the wounds upon his hands, caused by the broken glass, the doors and walls resound to his impetuous beating, while the air is filled with howling blasphemy.—The natural evacuations are strewn upon the floor and smeared over the walls; articles of furniture are broken; mattresses emptied of their contents; bed-clothing torn to ribands; when, finally, finding more within his reach, the patient throws himself upon the rubbish he has formed, and, amid tears and laughter, buries himself beneath it. Upon the entrance of another, he may be calm for a moment; as soon as he opens his mouth to speak, however, there rushes from it a storm of curses and reproaches. It is not possible to say how long this state of things would continue, if uninterrupted by medication, as the deep injustice of an experiment upon such a case has not been attempted: it would probably last until the patient should sleep through exhaustion, or become weak through abstinence. From *fitful* sleep he wakes but to continue his ravings, and from the food demanded he gains additional strength to do so. Long before this, however, proper medicine has been used, and its effects begin to manifest themselves. The hallucinations are generally those of fear and suspicion. The suspicion may fix itself upon the nearest friend, in fact, it generally does so, and the feeling may become so strong as to reach an homicidal point.

The fear, in almost all cases, is for his own life, and under those circumstances the patient almost always attempts suicide.

The state of bodily fear in which he is, is too intense; and rather than endure it any longer, he attempts to place himself beyond the reach of it by self-destruction.

Chronic general mania pursues the same course as the acute, but not with so great violence, and with occasional complete remissions. During these lucid moments, and short moments they often are, the patient not infrequently acknowledges his illness, is thankful for kindness, and sometimes profuse in his apologies and expressions of obligation.

As will be easily conceived, this continued raving cannot long exist without, sooner or later—as the constitution of the individual will admit—the supervention of extreme emaciation and pallor. The earnest, fixed, and glassy look soon takes full possession of the eyes; objectless and almost constant movements of the hands, often accompanied with the twitching of the muscles of the face, are now present. The appetite, which while the mania was acute was but little, almost always entirely gone, oftentimes becomes voracious.

The bowels, before obstinate in constipation or diarrhoea, are now, perhaps, regular. The skin assumes an unnatural dryness, hardness, and color. The pulse is ranging from 90 to 100, full and strong—or from 108 to 116, small weak, and irritable. The tongue, no longer much furred, is nearly normal—though, in cases of small and irritable pulses, the papillæ are elongated. The temperature of the body of the patient is generally nearly normal. The pupils largely dilated.

To be continued.

CLINICAL LECTURE ON HOOPING-COUGH.

BY ROBERT B. TODD, M. D., F. R. S.

There is one form of cough so peculiar and so characteristic, that it must be dealt with *per se*, constituting as it does, not alone a symptom, but in truth a disease. The hooping-cough, so called from its peculiar final whoop, which is a sign that the patient is again taking breath, is not often brought under our notice in the wards of a hospital. It is much more common among the out-patients of a hospital than among the in-patients.

Of the two examples of hooping-cough now in the hospital, one case is that of a girl, named Elizabeth Griffin, who was admitted into Lonsdale Ward, on Dec. 21, 1852; the other is a brother of this patient, named John Griffin, who was brought into the hospital on the 11th instant; and both cases well illustrate the clinical his-

tory and the main points connected with the pathology of hooping-cough.

The great and all-absorbing feature of the disease is, that it is essentially "a cough;" it begins with a cough, and, until the malady is fairly worn out, this symptom continues to be present in a more or less severe form. The cough consists of a rapid succession of the most powerful expiratory efforts; so powerful, that some parts of the lungs must be as completely emptied of air by them as the mechanical arrangements of these organs will admit of. It appears probable that some lobules get quite emptied of air in this way, and thus is explained the condensation of portions of the lungs, occurring in this disease; but to this point I shall refer presently.

The violence of the cough, also, often excites vomiting, by means of which the stomach gets completely emptied of its contents, the paroxysm is stopped, and the patient experiences perfect relief for the time; if he be a child, he returns to his play, or, if seized while eating, he goes back to his food, (the appetite being generally very good, oftentimes voracious,) until, by and by, a fresh accumulation takes place in the stomach, the same train of expiratory efforts and vomiting is again gone through, and complete relief is again afforded.

There is one circumstance connected with this cough by which it differs from all other coughs, namely, that the series of expiratory efforts are so powerful, and expel the air so largely from the lungs, that there follows upon them a long protracted *inspiratory* act, which is accompanied by the well-known whooping sound, so highly characteristic of this disease. To explain the mode of formation of this peculiar and characteristic sound, let us briefly consider what the precise condition of the air passages is just at the moment of inspiration. In the forcible efforts to expel the air from the lungs by coughing, the larynx, trachea, and whole bronchial tree, are narrowed to their utmost extent, so that the inspiratory effort sometimes occupies a long time in the attempt to draw in the air, through the now constricted passages, while, above all, the glottis is closed, and a looker-on cannot but fear, that this spasmodic closure will produce the death of the patient; and sometimes, indeed, death does actually result from this cause, the closure of the glottis being quite as perfect as when an attempt is made to inhale carbonic acid. But at length the inspiratory effort succeeds, and, while it is taking place, the inward rush of the air through the narrowed and constricted fissure of the glottis produces the whooping sound which is truly pathognomonic of this disease.

Thus the whoop, which alarms the ignorant, is, to those who understand its mode of production, the signal of the child's safety, as the sound of thunder announces that the danger from the lightning-flash has passed.

There is no other symptom, besides this peculiar sound accompanying inspiration, which may be taken as certainly diagnostic of hooping-cough; and, when you are called to see a patient, supposed to be laboring under this complaint, it would not be safe to pronounce, that this is the malady, unless you have distinct evidence of this characteristic whoop. This peculiar sound, it is true, is sometimes imitated by other coughs, but it is never anything like so well defined, so far as my experience goes, in any other affection, as it is in this.

To be enabled to understand the pathology of hooping-cough, it is necessary to have some insight into the most important points in its clinical history.

Hooping-cough affects children mainly; indeed, it may be regarded as essentially a disease of childhood. There are some affections of the laryngeal organs, chiefly spasmodic affections of the muscles of the glottis, which appear to be in a great measure peculiar to this early period of life. To these affections, among which spasmodic croup, or laryngismus stridulus, occupies a prominent place, hooping-cough bears some analogy. It generally occurs at the early periods of childhood, but it is by no means limited to these ages; indeed, of the cases now in the hospital, the one patient is ten, the other fifteen years of age. It is rarely met with in adults, and it still more rarely attacks persons in the advanced periods of life; but that it sometimes does so, may be known from the fact, that, among the most recent cases of hooping-cough which I have witnessed, it occurred in the persons of an old married couple, aged eighty and seventy-two years respectively, and they got safely through this trying malady.

Another feature in the clinical history of hooping-cough is, that it is a contagious disease. This is exemplified by the cases now in the hospital, one of which I will briefly read to you: "Elizabeth Griffin, aged 15, admitted Dec. 21, 1852. She has always had very good health, and was never laid up until her present illness, which commenced six weeks previous to her admission, when her brother caught the hooping-cough, and has it severely." Now, this is the general history which we continually hear in cases of this complaint. One member of a family gets the disease, and it then spreads through the whole household, just like other contagious diseases, as measles, scarlatina, etc.

Hooping-cough has certain stages, which it is necessary we should describe more at length.

In the first stage, the symptoms are febrile and catarrhal, and the disease often passes for an ordinary cold. This state continues for ten or twelve days, and is then succeeded by the cough, the peculiar feature of which is, that it occurs in paroxysms, lasting some time, and following each other at variable intervals, and constitu-

ting the second stage of the disease; but, during the intervals between the paroxysms, the patient feels quite well, and one would hardly imagine there was anything the matter with him, except in the advanced periods of the complaint. The complete remission, which takes place, in many cases, between the paroxysms, is not the least curious feature in the disease. A minute or two after a violent fit of coughing, which you would imagine seriously jeopardised his life, you will see the child resume his play as merrily as if nothing had happened, and so he will go on.

The third stage varies considerably in different cases; the patient may either gradually recover, the symptoms becoming less and less marked, or certain changes may take place in the lungs and circulating system, which may lead to a fatal termination.

Let me direct your attention to these secondary changes, which occur in the lungs and vascular system, after the disease has lasted for some time. At first, the lungs are not at all affected; so that whooping-cough can no more be considered a disease of these organs, than can an aneurismal or other tumor pressing upon the vagus nerve, and, in this manner, exciting cough, be so regarded. After the cough has continued a long while, however, changes take place, as I just now stated, affecting the lungs and the general appearance of the patient. The countenance becomes full and bloated, and the capillaries distended, especially those of the conjunctivæ, which look watery and swollen; and some of these minute vessels often burst, giving rise to some chemosis. From this state of countenance, a practical eye can generally at once recognise the nature of the malady, under which the patient labors.

All these changes result from the circulation in the capillaries being retarded, in consequence of the violence of the cough. At the same time, and for a like reason, the pulmonary circulation becomes similarly affected; the secretion of the bronchial tubes becomes altered; these tubes pour fourth more freely than natural a watery mucus; the lungs become congested and cedematous; more or less crepitation is heard in different parts of these organs, according to the amount of fluid in the tubes or cedema present; and this crepitation is usually most audible towards the lower part, being sometimes more distinct in one lung than in the other. Both the patients in the hospital exhibit these changes to a considerable extent. The sound on percussion over the base of the lungs is duller than natural; and this arises mainly from the cedematous state of these organs, but in part, also, from the quantity of mucus present in the bronchial tubes, and from the expiratory efforts having emptied some lobules of air more completely than others, (some lobules being, perhaps, perfectly emptied in this manner, and consequently quite collapsed); and, lastly, from the altered bronchial secretion plugging up the entrance to one or more lobules, and in this way

preventing the free ingress of air. This condition of lung, in which the ingress of air to certain portions is prevented, and of which certain other portions have also been completely emptied of the contained air, has been long known to pathologists under the name of "carnification." A carnified lung has a fleshy look, does not crepitate under pressure, and sinks in water; and this condition may be induced by anything which causes the complete expulsion of the air out of the lung, or which entirely prevents the ingress of air into a lung previously devoid of air, as one which has never respired; and it is best seen in the lung of a foetus which has never breathed.—The most common cause of it, and that which, perhaps, develops it most completely, is the accumulation of fluid in the pleural cavity, by the pressure which it exerts on the adjacent lung. Carnification of the lung is carefully to be distinguished from hepatization. The former has nothing to do with inflammation, but merely consists in a condensation of the original pulmonary structure; the latter results from the effusion or exudation of an albumino-fibrinous material into the air-cells and finest bronchial tubes, by which the organ is rendered specially heavier.

It was formerly supposed, that lobular pneumonia took place in hooping-cough. That pneumonia, just as bronchitis, may occur in the course of hooping-cough is certain; but the signs which used to be considered as produced by lobular inflammation, are, in reality, due to the simple exclusion of air from one or more lobules.

In the third stage of hooping-cough, if the case goes on favorably, there is a gradual abatement of the cough; the paroxysms become fewer and less severe, and the patient gradually returns to his normal state of health. But if, on the other hand, the progress is unfavorable, the symptoms become aggravated, the paroxysms more frequent, the bronchial tubes enlarged, the secretion of their relaxed mucous membrane increased, and, at length, the patient dies completely worn out and exhausted. If tubercles previously existed in the lungs in a quiescent condition, they are thrown into a state of activity, and symptoms of phthisis manifest themselves. Convulsions and coma, also, frequently accompany hooping-cough, especially in ill-nourished, badly-fed children, as the disease approaches its fatal termination. In these subjects, too, hooping-cough sometimes becomes complicated with an effusion of fluid into the lateral ventricles of the brain, and the phenomena of hydrocephalus are developed.

Causes.—In entering into the consideration of the causes of hooping-cough, one of the first questions that suggests itself is, whether the malady has its seat in the lungs. That hooping-cough is clearly no disease of the lungs, is shown both by its clinical history, and by the fact, that auscultation can detect nothing abnormal

in the voice or breath-sounds of a patient in the earlier stages of the complaint.

Its cause does not depend upon any peculiar state of the larynx or trachea; for there is no permanent affection of the voice, nor of the laryngeal muscles, nor of the glottis; nor are the symptoms such as diseases of the larynx or trachea usually give rise to.

Does the disease depend upon any morbid condition of the bronchial glands? The bronchial glands are often considerably enlarged without such a cough as the peculiar, paroxysmal one of this disease. Nor would the patient enjoy the complete freedom from distress which so often exists between the paroxysms of cough.

Having, then, set aside all these so-called causes of hooping-cough, the only supposition now left us as to the true cause of the disease is, that it depends upon some peculiar irritation of the vagus itself. In fact, hooping-cough is a special disease of this nerve, the irritation being quite as complete as when the exposed nerve is mechanically stimulated. But the cough differs from that which is produced by mechanical irritation of the nerve, in its coming on in paroxysms at longer or shorter intervals from each other, the patient's health during the intervals being very good. This paroxysmal character of the disease, with the complete state of health in the intervals, except when the constitution or the lungs have become damaged by the effects of the cough, associates hooping-cough with other diseases, the peculiar phenomena of which depend upon some poison in the blood, manifesting its presence by the specific action, which it exercises upon some particular tissue, and by the interference, which it seems to offer to the due performance of healthy function. For certain poisons undoubtedly appear to have a peculiar affinity for certain tissues; thus the poison of measles appears to have a special affinity for the mucous membrane of the bronchial tubes and bowels, that of scarlatina for the throat, and so on of the other acute specific diseases. In like manner the poison, which gives rise to the phenomena of hooping-cough, seems to have a peculiar affinity for the vagus nerve; but whether throughout the whole course of that nerve, at its centre or its periphery, it is impossible, in the present state of our knowledge, to affirm with any degree of accuracy. It is no valid objection to this view of the nature of the disease, to say, that after death, no structural alteration of the vagus can be distinguished, although Autenreith and others state, that in cases of hooping-cough examined after death, they have found the vagus in a congested condition. But congestion is much more frequently the effect, than the cause of a disease; and it may be especially so in this case. In many nervous affections, as for instance in those distressing cases of neuralgia, in which the most intense pain has existed during life, no appreciable morbid condition of the nerves supposed to be the seat of the pain

can be detected on the most careful examination after death. The poison in hooping-cough, whatever it be, produces no structural lesion in the nerves, and leaves nothing behind it, of which our senses can take cognizance.

Hooping-cough, then, as far as present knowledge enables us to speak, is a disease which runs a certain course, can be communicated from one person to another, and is probably due to the influence of a poison which gets into the system, and produces its local manifestations on the vagus nerve. It is not an inflammatory affection of any part, being simply dependent on a morbid state of the blood, caused by the introduction into it of some poison from without; and whatever inflammations may occur in the course of it must be regarded in the light of complications of the disease.

Having advanced this view of the nature of the disease, let me make a few observations upon its rational treatment, as founded upon these opinions.

Assuming hooping-cough to be a disease, depending on the presence of a morbid poison in the blood, (which is the most reasonable view of its pathology,) to cure the affection perfectly, we ought to find an antidote for the poison which produces it. If we could find some material which, when introduced into the system after it had received the poison, would neutralise that poison, then we should have the same power over the malady, as we now possess over intermittent fever, which, as you know, is also a paroxysmal disease, depending on the presence of some morbid poison in the system, and for which an antidote has been found in bark. But since, unfortunately, no antidote for hooping-cough has as yet been discovered, it should not be our practice to look on in silence, and let the patient cough it out; but our aim should be to find the means of guarding him against the bad consequences of the cough, and to protect him from all those complications, to which I referred at the commencement of the lecture.

As the disease does not consist in an inflammatory condition of any part, we may at once dismiss all so-called antiphlogistic plans of treatment. That plan indeed, has had a fair trial; and if it had any real power over the disease, we should have, long ere this, accumulated abundant evidence to prove its superiority. The tendency of all the usual antiphlogistic measures is to weaken the nutrition of the lungs and the nervous system, and to impoverish the blood; to reduce the quantity of its coloring-matter, to favor the accession of convulsions, and by the watery parts of the blood filtering through the walls of the blood vessels, to promote the tendency to hydrocephalus.

The first point in the treatment is, carefully to guard the patient against the occurrence of bronchitis and pneumonia, as complications of the disease. Now, there is nothing which is so fertile a

cause of bronchitis, as the admission of cold air to the bronchial mucous membrane. Consequently, the patient should be kept in a well regulated temperature; if his illness occur in the winter, he should stay in-doors, in a roomy, well ventilated apartment, which is not too warm but of a uniform heat. He should be kept in this apartment, and not allowed to run about the house into rooms, or upon lobbies or staircases, which must present great variety of temperature. Early and close attention to this maintenance of a uniform temperature of the atmosphere in which the child resides, may save much subsequent mischief.

The second point is to uphold the general nutrition—to keep the patient well nourished. I do not mean, that the patient should be crammed or over-fed, but that his diet should be well regulated, and sufficient food of all kinds supplied, not only to satisfy the appetite, but also—and what is far more important—the real wants of the system. On this account, I object to keep children in this disease without animal food, as some so much insist on, though why they do so I cannot tell; for meat in regulated quantities, and properly masticated, is more easily digested than almost anything else; and it differs from other alimentary substances, in the fact that its digestion consists in a simple process of solution in the stomach.

Another practice which exercises a most favorable influence on the nervous system, (and it is this that we must look to after all,) is sponging the chest with *cold water* once or twice a day. The parents of weakly, delicate children often object to this plan of treatment; but by ordering a little spirit to be mixed with the water, you not only may overcome their scruples, but in giving a stimulating quality to the application increase its efficacy. This sponging of the back and front of the chest, night and morning, exercises a bracing and tonic influence on the nerves, and in this way acts very beneficially in this disease. Spirituous embrocations often do good in a similar manner.

In a large number of cases, one can get on very well without having recourse to drugs. Those which you will find most useful, and which I would recommend to your notice, are sedative and antispasmodic remedies, in virtue of the power which they possess in allaying irritability of the nervous system generally, such as the various preparations of opium, henbane, conium, belladonna, and hydrocyanic acid. The non-nauseating expectorants, such as chloric ether, ammonia, and perhaps senega, may be also used; and astringents, to check excessive bronchial secretion, such as alum, sulphate of zinc, tannic and gallic acids, are sometimes necessary.—But you must bear in mind, that such remedies should be used with caution, especially opiates, which in infancy and childhood are at all times to be given with great care, and more particularly if the lungs have become congested. The drugs which I would recom-

mend you to avoid, are those which have a depressing and lowering tendency, such as tartar emetic and ipecacuanha. Many children, I am quite satisfied, while suffering from hooping-cough, have died from the too free and slovenly exhibition of these emetics.

If I had an opportunity of treating hooping-cough on the large scale, I would, in cases in which the paroxysms are very frequent and very severe, and when, as yet, the lungs are free from congestion, but not otherwise, give a fair trial to the careful inhalation of chloroform, with the view of endeavoring to cut short the paroxysm. We know that we can arrest the paroxysm of asthma in this way; why, then, should we not be able to do the same with that of hooping-cough? I have also known laryngismus stridulus relieved by the use of chloroform; and it is now well proved that other convulsions of children may be checked by its means.

In the cases of delicate children, where there is great reason to fear that damage may be done to the lungs by the cough, this practice may prove very useful. But, with reference to the administration of chloroform, this fact should always be borne in mind, and it cannot be too frequently reiterated, that due provision should be made for the simultaneous free admission of air, along with the vapor of chloroform. There is no point upon which some men seem to be more foolhardy than on this one; and it is by the neglect of attending to this, that the reputation of one of the most valuable remedies that has ever been applied to the relief of human suffering may be seriously damaged. I do not advise you to give chloroform, so as to produce its full effect; it may be inhaled in small doses of ten or fifteen minims, which may be repeated at intervals, according to the severity of the paroxysms. When children are already in an exhausted and very depressed state, chloroform ought not to be administered by inhalation, or it should be given only in the smallest quantities.

Another remedy in the treatment of hooping-cough, to which I should very much like to give a fair trial, is the application of cold water, on the splashing plan, two or three times daily, with or without the inhalation of chloroform. Such a practice must be pursued with proper precautions; first, to maintain a warm temperature of the room in which it is done; and, secondly, to have the water thrown over the child rapidly, and not so as to wet the head. To let the back and chest receive the brunt of the splash. These measures combined, would tend to diminish the severity of the paroxysms, ward off the occurrence of bronchitis and pneumonia, as complications of the disease, promote the general nutrition, stimulate the nervous system, and thus protect the patient from the damaging effects of the cough.

ON THE QUESTIONABLE UTILITY OF CHLOROFORM IN MIDWIFERY.

*BY DR. ROBERT LEE, F. R. S.

(The Lancet, Dec. 24, 1853.)

Dr. Lee's paper, which was brought before the Royal Medical and Chirurgical Society, consists of an account of seventeen cases of parturition, in which chloroform had been inhaled with pernicious effects.

In these seventeen cases the author traces a series of injurious consequences to the employment of chloroform during labor.—Thus, in Cases 1 and 2, the contractions of the uterus were arrested by the chloroform, and delivery was completed by craniotomy. In Cases 3, 4, 5, 10, 14, 15, and 16, insanity and great disturbance of the brain followed its use. The necessity for delivery by the forceps was attributed to its employment in Cases 6, 8, 11, 12, and 13. Dangerous or fatal peritonitis or phlebitis ensued after the exhibition of chloroform in Cases 7, 8, 11, and 13. Epilepsy occurred in Case 14; and dangerous fits of syncope arose from its use in Case 17. The reports of friends had confided many more analogous cases, and public rumor swelled the list still further, but he was desirous of confining attention to those which came directly under his own observation. He thinks that a contemplation of the subtle action of this poison on the nervous system would have induced caution in its application to practice; but, on the contrary, the greatest levity had characterized its employment. Very soon after the discovery of its physiological effects, the author was astonished and confounded by the announcement of its application to midwifery; and it was not difficult for him to foresee that rashness in its application and use would lead to most deplorable results; and he regretted to find that in this he had been mistaken. It was not wonderful that women doomed to bring forth their offspring in pain and sorrow should seek to escape from the troubles of our race by means of this treacherous gift of science; neither could we feel surprise that the instances of women who were saved from the grievous pains of child-bearing, without bad consequences, should have for a time reduced to silence those unwelcome monitors who pointed to the possible evils of this new agent; but it did seem strange to the author that, amidst so wide-spread an experience as now existed of the noxious and dangerous effects of chloroform, it should be necessary for him to assemble the proofs of the havoc it had made. The two most serious effects produced by chloroform on women in labor were, a languid and deficient contraction of the uterus, and a greater susceptibility to the risks that arise from inflammation and fever. With regard to the first, the direct testimony of his own senses convinced him that the action of chloroform did very mani-

festly slacken the uterine contractions, and in some cases had put a stop to them altogether. Of the second class of effects, the risks of the puerperal condition were much complicated; for to inflammation and fever must be added severe cerebral and nervous disorders. He has no doubt that the use of this noxious agent ought to be expelled from the practice of midwifery. In conclusion, the author observes that, though his opinions had been confirmed by conversations with the most discreet and experienced practitioners, yet he entertained grave doubts of the result of the present appeal to the good sense of the profession, when he considered the arts used to propagate a faith in this practice. It had become almost an extra professional question. There was a systematic concealment of truth by physicians; appeals were made to the natural timidity of women, and the most fallacious promises of perfect safety were boldly held out. Conceited or ignorant women of fashion made a pastime of this as of other quackeries, and the cause of science and humanity was placed in the hands of the most presumptuous and frivolous part of the community, while young and inexperienced mothers were decoyed to their destruction. If he had helped to rescue the medical profession from the dominion of a great and dangerous error, and had placed some restraint on an ignominious and disgraceful practice, the author would rest satisfied that this essay had not been written in vain.

Various remarks having been made by different Fellows of the Society after the reading of the paper, Dr. Lee proceeded to reply to them.

He contended that there was no resemblance between a surgical operation and the process of natural labor. In natural labor, if the pains are strong and regular, women, in a vast majority of cases, are exposed to little danger, require no artificial assistance, and the function is only disturbed by interference. Mr. Ferguson had just stated that one of the principal benefits derived from chloroform in surgery is the great amount of muscular relaxation which it produces during operations. In midwifery this great amount of muscular relaxation would produce the most mischievous results; it would, in fact, induce partial or complete paralysis of the uterus, as in the case just related by Dr. Merriman, and in several of the cases detailed in the paper read that evening. A striking and fatal example of the same kind had occurred since the paper was presented to the Society. Only three drachms were used in the first stage of labor, but no proper contractions followed the expulsion of the foetus, and the uterus remained uncontracted till the death of the patient some days after in convulsions. There were no symptoms of puerperal fever or local inflammation. "The uterus did not go down to the usual size, so much so as to give rise to the suspicion that there was another child, or some ovarian disease; but there

was neither." Dr. SNOW had related to the Society a case of arm presentation, where the uterus was completely paralyzed by the chloroform he exhibited, that Mr. French turned with great ease, the contractions being so violent that he had contemplated eviscerating the fœtus. Yet Dr. SNOW affected to doubt whether chloroform and narcotic poisons impair the action of the uterus, and had expressed an opinion that in the cases he (Dr. LEE) had related in the paper, the sudden cessation of the uterine contractions after its use could not be referred to it. It was impossible to reconcile such contractions, but they admitted of a ready explanation. He lately perused a letter written by a fashionable lady, soon after her confinement, to a physician, which contained the following passage:—"Chloroforme à la reine, just a few drops on a handkerchief from time to time for the last hour; I found it a most indescribable alleviation, and that though never insensible." This was a correct account, he believed, of the way in which chloroform was administered by Dr. SNOW in natural labor, and it would account very satisfactorily for his assertion that the uterine contractions were little, if at all, impaired by it. Fifteen drops sprinkled upon a handkerchief, and the lady now and then permitted to sniff a little of the vapor from the corner in the last hour of labor. If he (Dr. LEE) might be allowed in plain language to characterize this proceeding, he would say the whole was a mere pretence, and calculated only to deceive the weak, ignorant and credulous. The anæsthesia from chloroform, of which Mr. FERGUSON had spoken, and which was usually, as we understood, the result in midwifery, was quite another affair from the *chloroforme à la reine* of Dr. SNOW. Last week he saw a surgical operation performed upon a young woman, to whom six drachms had been administered. Her pupils were widely dilated, the breathing stertorous; there was foaming at the mouth; the pulse was rapid and feeble, and there was convulsive twitchings of the muscles of the extremities. No man in his senses would venture to reduce a woman to such a frightful condition in natural labor. In surgery it might be considered justifiable, but in midwifery it was wholly unjustifiable. Dr. GREAM had stated that two ounces of chloroform might be given with safety in cases of natural labor; and though he admitted that it decidedly had the effect of diminishing the strength and regularity of the uterine contractions, yet still its influence might be so managed as to prevent the progress of labor being interfered with. If Dr. GREAM would stand up in the face of the Society and state how chloroform could be so managed, he (Dr. LEE) would immediately sit down. (Dr. GREAM here expressed his dissent; but Dr. LEE affirmed that this statement had been published by Dr. GREAM in his pamphlet.) In forceps cases (continued Dr. LEE,) and in all the great operations of midwifery, chloroform could produce nothing but mischief; for

in all these cases consciousness was the great safeguard of the patient. No forceps cases—and he had had as many as any one in that Society—were so unmanageable as those in which the consciousness was lost from puerperal convulsion, where the patient could not be held in the same position for any length of time. In uterine hemorrhage, and in all cases of protracted labor, from whatever cause, nothing but mischief could result from the use of that narcotic poison. The exhibition of chloroform in labor he held to be contrary to the second principles of physiology and morality. “In sorrow shalt thou bring forth children,” was an established law of nature—an ordinance of the Almighty, as stated in the Bible, and it was in vain to attempt to abrogate the law. There could not be a doubt that it was a most unnatural practice to destroy the consciousness of women during labor, the pains and sorrows of which exerted a most powerful and salutary influence upon their religious and moral character, and upon all their future relations in life.—But he might put aside all these physiological and moral considerations, and rest his objection to the use of chloroform in labor upon the danger of introducing a subtle narcotic poison into the system at such a time. When only one drachm was given, who could be certain that it should not instantaneously be followed by the death of the person to whom it was administered? Upon this point the whole questions might be allowed to hinge.

**A CASE OF LUXATION OF THE METATARSAL BONES UNDER THE TARSUS
—A FORM OF DISLOCATION NOT HITHERTO DESCRIBED.**

BY MR. TUFFNELL,

Surgeon to the City of Dublin Hospital.

(*Dublin Quarterly Journal of Medicine*, February, 1854.)

Instances of luxation of the metatarsus *upon* the tarsus are very rare, only six having as yet been recorded, but laxation of the metatarsus *under* the tarsus is still rarer, and the subjoined case is the only one on record.

With regard to the diagnostic sign it will be seen that the foot is shortened three-fourths of an inch or more, curved inwards, and at the base of the great toe broader than its fellow by an inch; that the instep stands out sharply defined, with a sudden angular prominence and marked deficiency in front; that the arch of the foot on its inner border is preserved, but the centre of the sole is occupied by the tarsal extremities of the displaced metatarsal bones. Mr. Tuffnell's account of the case is as follows:

“For the opportunity of witnessing it I am indebted to Mr. Dol-

mage, surgeon of the 7th Dragoon Guards, in whose regiment the accident occurred, and in the following manner: a trooper was returning off duty to Portobello Barracks, Dublin, on the 30th of November, 1851, and was walking his horse cautiously, the road being very slippery from frost. Whilst turning a corner, bordering upon the canal, the animal suddenly slipped, and fell with his whole weight upon the soldier's right leg and foot, crushing it against the ground. The horse rose instantly, the man remaining in the saddle, but suffering such agony, that, unconscious of what he was doing, he reined the animal back into the canal. Here a violent struggle ensued, the horse eventually disengaging himself from his rider, who, assistance being at hand, was dragged out, and taken to his regimental hospital close by. He was seen by Mr. Dolmage within a very few minutes of the accident having occurred, and before any considerable degree of swelling had taken place.

"The foot was found to be much shortened, curved inwards and bent, the tarsus presenting a hard bony projection, overhanging the metatarsus, whilst deep under the plantar structures a second bony mass could be felt lying obliquely across the sole of the foot.

"Reduction was at once attempted by placing the patient on his back, fixing the pelvis, flexing the leg upon the thigh, and extension then made by pulleys attached to the extremity of the foot and to the toes, and persevered in for a considerable time, during which every possible movement of the metatarsus upon the tarsus, calculated to assist reduction, was resorted to, and leverage also made upon the dislocated extremity of the metatarsal bone of the great toe, were projecting in the sole, by means of a ruler being applied to it, and drawn upwards and forwards, whilst the clasped hand of a powerful assistant, placed upon the instep, held that part downwards and backwards. As great a degree of force as it was considered justifiable to employ was expended in the effort at reduction, and continued for one hour, but not the slightest alteration in the position of the bones could be effected. Considerable effusion and ecchymosis followed, the latter extending up almost to the knee.—Leeches, fomentations, &c., were prescribed, and the ordinary treatment for violent contusions had recourse to. Under this treatment swelling subsided.

"All swelling and thickening had now disappeared, the outline of the tendons and every portion of the extremity being most accurately defined. In its general aspect, the foot somewhat resembled a case of pes equinus, being considerably shortened and arched upon its inner border, the distal extremity of the metatarsal bone and first phalanx of the great toe being adducted, the last phalanx at the same time pointing somewhat outwards. The instep presented a normal condition from the malleoli to the extremity of the internal cuneiform bone, which projected in a sharp point, raising the

integument, which was stretched over it, white and glistening like a tightly bent knuckle; from the outer border of the cuneiform bone ran an evident ridge, marking the division between the tarsus and metatarsus, and defining the line for Hey's amputation of the foot.

"The measurements of the injured member, as compared with those of the opposite foot, were the following: Length of the dislocated extremity from the point of the great toe to the heel, $9\frac{1}{2}$ inches; of the uninjured foot, $10\frac{1}{2}$ inches. Breadth of the dislocated foot across its widest part at the base of the great toe, $4\frac{1}{2}$ inches; of the uninjured foot, $3\frac{1}{2}$ inches. The extensor tendons of the injured foot stood out in strong relief, raising the toes; the tendons of the sound foot could be but indistinctly seen.

"These were the principal appearances which presented themselves. The patient at this time had made no effort to walk, for upon the few occasions on which he had tried to use the limb, supported by crutches, he found a total inability to move otherwise than on the heel, in consequence of pain of a burning, lancinating character, being produced on the sole of the foot, whenever he attempted to throw any weight upon the toes, and to place the plantar structures on the stretch.

"Six months afterwards I obtained a second cast of the foot, and again carefully inspected the limb. It had now become more inverted, and the projection in the sole was less evident, having been rounded and partly removed by absorption. The patient walked freely with a stick, bearing his weight on the outer border of the foot, as in a case of talipes varus, but he could not make any effort at progression, or even move, when the foot was placed flat upon the ground, from the same burning pain before referred to, and which he described as resembling the feeling that might be imagined to result from attempting to walk in a very tight boot with a marble under the sole of the foot."

ON THE USE OF ADHESIVE PLASTER IN THE TREATMENT OF FRACTURE OF THE PATELLA.

BY DR. NEILL,

Surgeon to the Pennsylvania Hospital.

(*Pennsylvania Medical Examiner*, January, 1854.)

Dr. Neill's plan is to bring together the fragments of the fractured patella by means of long and broad straps of adhesive plaster ($1\frac{1}{2}$ inches wide.) He carries each of these straps round the lower third of the thigh, so as to press the muscles and the detached fragment of bone towards the knee, and then, bringing it across the

popliteal space, he brings it back again by carrying it round the leg, immediately below the inferior edge of the patella. Four or five of these straps are applied, each one overlapping the former one, until the coils of plaster above the knee extend down to the edge of the patella. Two cases are related, in which this plan answered very well, in conjunction with ordinary and simple means for keeping the limb extended during the treatment.

EXTRACT FROM A REPORT TO THE IOWA STATE MEDICAL SOCIETY.

BY PROF. D. L. M'GUGIN.

A remarkable case of prolonged vital contractility in the heart of a fish.—In May, of this year, a fish, weighing a little over half a pound it is supposed, was caught in the Mississippi, sold at the wharf and purchased by one of our household, with others, for the table. At the time of the purchase the fish betrayed no signs of life, a small cat-fish, bought at the same time, from the same fish-monger, did give repeated manifestations of vitality. It was brought to the house, a distance of a fourth of a mile from the place where purchased, and during this time it evinced no movement betokening life. A youth in our employ, commenced the work of removing the scales, which when done, the small fish above alluded to was decapitated, and afterwards disemboweled. He discovered above the viscera removed, a small substance pulsating after the manner of the heart, and as he had paid some attention to Anatomy, having dissected during two or three of the past winters, he soon decided it to be the heart. It continued to pulsate, he supposed, from the first discovery of a movement for about 12 minutes, during which time it was wholly separated from the fish, or any part of it. He then called my attention to it, and it was found to be the heart, and the *systolic* and *diastolic* movements regularly and fully performed. It was watched for half an hour, during which it continued to contract and expand as regularly as at first notice. Being called away in the meantime, I requested Mr. Robert Adams, son of Dr. Adams, deceased, of Pennsylvania, to observe it and mark the time when its movements ceased. In one hour and a half I returned, and to my astonishment, I found it still dilating and contracting, but at somewhat longer intervals. It still continued its movements, each becoming more and more feeble, until at the expiration of two hours and forty minutes after its separation and removal from the fish, it ceased its action. Prior to this time some ten minutes, Dr. Haines, of this city, called, and upon mentioning the case to him, was invited to see it. Although

very feebly, and at long intervals, it continued its movement, yet it was plainly perceptible to us all, and by Dr. Haines in particular, who assisted in weighing it and found it to be four grains only.—The heart is now in my possession.

Here is furnished a strong corroborating proof of the postulate that “contractility is a property of muscular tissue, and inherent in it, and that the agency of the nervous system upon it, is merely to call it into active operation.” In this case there was an entire separation from the nervous center and ganglia, nor was there any stimulus derived from the blood. The nutrition, which had been supplied to it and retained, appears to have been the only source of stimuli which, acting upon its special nerves, perpetuated its contractility. It is quite reasonable then, to suppose that stimuli act upon the nerves, and the nerves in turn, through their filamentous distribution, furnish to muscular fibres their capacity for contractility.

AN ENQUIRY INTO THE PATHOLOGICAL IMPORTANCE OF ULCERATION OF THE OS UTERI. BEING THE GROONIAN LECTURES FOR THE YEAR 1854.

BY CHARLES WEST, M. D.,

Fellow of the Royal College of Physicians; Physician Accoucher to St. Bartholomew's Hospital; and Physician to the Hospital for Sick Children, London, 1854. 8vo. pp. 95.

It is time that an accurate and unbiased investigation should be made into the present condition of our knowledge as respects the diseases of the uterus, and their proper treatment; to determine how far the opinions promulgated in regard to uterine pathology are based on correct observation, and the remedial measures deduced from these opinions are calculated to fulfil the necessary indications.

For a long period the several morbid conditions of the uterus were either entirely overlooked or their frequency and importance underrated, and, as a necessary consequence, their therapeutical management was irrational, inefficient, and empirical. Of late years, however, an impulse in an opposite direction has been given to uterine pathology. Various morbid conditions of the uterus, but more especially of its os and cervix, are now considered by many physicians, not only to be of extreme frequency, but the cause of many of the derangements of the other organs, as well as of the various general disturbances of health, to which the female is liable. So far, indeed, is this metritic pathology carried by a few, that, in the investigation of the diseases of the female sex, they would seem to

view the speculum uteri as of equal, if not more importance, than is the stethoscope in the exploration of the morbid conditions of the heart and respiratory organs. In too many instances, it is to be feared that they have inverted the pathological series, and, in directing, too exclusively, to certain abnormal conditions of the neck and orifice of the uterus, that have been brought to light since the introduction of the speculum, they have placed cause for effect, and effect for cause, while many important questions in reference to the diseased conditions of the uterus, their true character, causes, and results, have been allowed to pass without even an attempt at investigation. Nor does the evil stop here. The exclusiveness of the views referred to reacts injuriously upon him who entertain them. As Dr. West very truly remarks—

“He unlearns what physiology might teach him of the uterus and its functions, and sees in all the varied manifestations of disorder the expression of one fact, and one fact alone; namely, the existence of ulceration at the orifice of the womb, and its reaction first on the uterine system, then the general health. For him, indeed, there is little more to learn in uterine pathology; for when once a case has been ascertained not to be one of fibrous tumour, polypus, or cancer, then ulceration of the os uteri is the almost invariable cause to which the symptoms are referred, and the cure of this ulceration is the one grand object at which he endeavors. All the evils inseparable from the practice of a speciality are thus aggravated, and the natural tendency of such practice to subside into routine, or to degenerate into empiricism (I use the word in no invidious sense) becomes almost unavoidable.”

The frequency with which the uterus becomes the seat of disease, and the importance of all its morbid conditions in their influence upon the comfort, health, and, occasionally, upon the life of the female, are such as to demand from the medical practitioner, the closest investigation, that he may become acquainted with their nature, their causes, and distinctive characters, and the means best adapted for their prevention and cure.

In the lectures before us, Dr. West presents the results of a very logical and apparently candid inquiry into the pathological importance of ulceration of the os uteri; a question of deep interest at the present day, in consequence of the disputes to which it has given rise. Although the conclusions to which the lecturer has arrived are in direct opposition to the opinions of those who maintain that inflammation of the cervix and ulceration of the os uteri are the first and the last links in the chain of uterine pathology, they nevertheless claim the serious consideration of the medical practitioner.

The important question discussed in these lectures is—

“Whether ulceration of the os uteri is to be regarded as the first in a train of processes which are the direct or indirect occasion of

by far the greater number of the ailments of the generative system; or whether, on the other hand, it is to be considered as a condition of slight pathological importance, and of small semeiological value—a casual concomitant, perhaps, of many disorders of the womb, but of itself giving rise to few symptoms, and rarely calling for special treatment.”

Dr. West arranges the evidence by which he has endeavored to solve the question just stated under four principal heads:—

Under the *first* head is included the evidence deduced from what we know of the anatomy and physiology of the uterus in a state of health. The evidence derived from this source, Dr. West, however, admits, cannot from its very nature, be conclusive.

“It may render a certain occurrence probable or improbable, may substantiate or disprove the correctness of certain opinions or explanations, but cannot invalidate the evidence of positive facts.”

Under the *second* head is included the evidence derived from morbid anatomy. Whether examination of the dead body shows the morbid conditions of the os uteri which have been described to be frequent or rare, slight or extensive; and whether we can make out what connection subsists between ulceration of the os and cervix uteri, and other changes in the tissues of the organ.

“It must, however, be borne in mind,” remarks Dr. W., “that many evidences of disease, such as are very obvious during life, may be greatly obscured, or may even entirely disappear after death: and further, that uterine disorders of the class which we are considering, though exceedingly painful, and seriously interfering with a woman’s health and comfort, are yet not of a kind to prove the direct occasion of her death. Evidence derived from this source will therefore be open to the objection that it understates both the frequency and the importance of these diseases.”

Under the *third* head is adduced the evidence derived from the characters, course, and consequence of ulceration of the os uteri, as it presents itself to our notice, unconnected with other disease, in the case of the puerperal uterus.

“But,” observes Dr. W., “whatever conclusions we may deduce from this source are open to all the objections inseparable from analogical reasoning. The probabilities of certain occurrences taking place in the uterus under other circumstances may be increased or weakened, but the evidence still falls short of absolute proof, either of the affirmative or of the negative character.”

Under the *fourth* head is comprised the evidence derived from clinical observation. The determination from clinical experience, as to the frequency of ulcerations of the os uteri under those circumstances in which they ordinarily come under our notice, and call, or are supposed to call, for our interference, as well as the

conditions generally associated with the ulceration, and the symptoms to which it commonly gives rise.

"If," Dr. W. remarks, "the alleged symptoms of ulceration are found to be not rarely present without ulceration, and if ulceration is undiscovered even where there are no symptoms; or if, in the same case, the ulceration may vary in extent, with no corresponding change in the symptoms; if an indurated state of the cervix uteri exists without ulceration, and ulceration even of long standing, without induration—the conclusion, especially if supported by the answers obtained to our previous inquiries, seems to me irresistible, that the importance of inflammation of the cervix, and of ulceration of the os uteri, has been overstated; that they are not the cause of all the symptoms which they have been alleged to occasion, and that, in the treatment of uterine disease, many other considerations must influence us more than the mere removal of ulceration of the orifice of the womb."

In regard to the testimony derived from anatomy and physiology, the lecturer shows, that in organization and physiological importance the cervix is inferior to the body of the uterus; that it is much less liable to morbid alterations in its intimate structure, and sustains, with surprising impunity, mechanical violence and the contact of the strongest caustics.

"But," he remarks, "if structurally so lowly organized—if physiologically of such secondary importance—if so much less subject than the body of the uterus to alterations in its intimate structure and if so comparatively insensible even to rude modes of therapeutic interference—it certainly does appear to me that the assumption that some slight abrasion of the mucous membrane covering this part is capable of causing a list of ills so formidable as are attributed to it, ought to rest for its support upon some other and stronger foundation than any inference fairly deducible from anatomical or physiological data.

Under the second head of evidence, Dr. W. presents the results of the examination of *sixty-two* uteri taken from patients who died in the medical wards of St. Bartholomew's Hospital of other than uterine disease.

"Of the total number, 18 were above forty-five years of age, the remaining 49, between the years of fifteen and forty-five. Concerning all of the former class, and 80 of the latter, making a total of 43, it was either known with certainty, or concluded with great probability, that they were married, or had had sexual intercourse; the remaining 19 were believed to be virgins.

"The subjoined table shows the general results of the examination of the uterus in these cases, and the relations borne to ulceration of the os uteri by the more important morbid appearances.

Uterus healthy in	33
“ diseased in	29
Ulceration of os uteri in	17
<hr/>	
Ulceration existed alone in	11
“ with diseased lining of uterus in	3
“ with induration of walls of uterus in	3
<hr/>	
Induration of walls of uterus, without ulceration of os	5
Disease of lining of uterus, without ulceration of os	7
<hr/>	
Total of diseased uteri,	29

“The os uteri was abraded in one of the subjects above forty-five years of age, and the lining of its interior was diseased in five of that number. In eleven of the nineteen patients, all under forty-five years old, who were virgins, the uterus of was perfectly healthy; in eight, it presented some sign or other of disease. This consisted five times in slight abrasion of the os uteri, which existed alone in three cases, but was associated in the other two with some morbid state of the interior of the womb. Twice the interior of the uterus was the only part affected, and once the uterine walls were much harder than natural.

“There is certainly something,” remarks Dr. W., “at first not a little startling in the result at which we arrive, that the womb was found in a perfectly healthy condition in little more than the half of sixty-two women, none of whom died of uterine disease, nor were supposed to be suffering from any grave uterine ailment. But it, it ought indeed, to be asked, what is the value of these appearances? Some of them may be of little moment, and the very frequency of their occurrence, instead of substantiating the opinion that they are of great importance, rather militates against that supposition. When ulceration of the os uteri was first observed it was natural enough to attribute to it many symptoms, and to refer to its influence many structural changes. But what if such ulceration be found to be usually very limited in extent, and so superficial as to be unassociated with changes in the basement membrane of the affected surface, and exercising so little influence on the state of the uterus in general as to be unconnected, in a large number of instances, with changes either in the interior of the womb or in its substance, while induration of the uterine tissue and disease of the lining membrane of the womb are found independent of it or of each other? Should such appear to be the case, it will, I think, be rendered in the highest degree probable that this abrasion of the os uteri has not the long train of sequences which have been supposed to follow it, but that it is of comparatively small pathological

import; that it may be found to vary under the influence of comparatively trifling causes; and not unfrequently to be dependent upon functional disorder of the uterus, just as the mucous membrane of the tongue and mouth betrays the disturbance of the digestive system; that it may, in short, be the consequence and sometimes the index, but rarely the occasion of the ailments with which it is associated.

"Abrasion of the os uteri was observed in eleven instances unconnected with any other morbid condition of the womb. In six cases it was extremely slight, affecting just the edges of the os uteri, but not extending for more than a line in breadth; the mucous membrane lining the canal of the cervix was in all of these instances quite pale, but twice the lining of the uterine cavity was of a brighter red than natural. In the other five cases, the abrasion, though retaining the same character, was more extensive; once the abraded surface presented a finely granular aspect, but was quite uniform; but in the other four cases it had an uneven worm-eaten appearance, probably due to a partial destruction of the papillæ which beset the os uteri. In four of these cases the abrasion extended for a short distance up the canal of the cervix, while once it was limited to that exclusively, the lips of the os being perfectly pale and healthy, and the mucous membrane of the cervix unaltered, excepting along a strip of a third of an inch in breadth by an inch in length, where the posterior wall was abraded. In three of the above four instances there was some increase of vascularity in the mucous membrane of the cervix, which on one occasion extended for nearly half an inch up its canal; and once this condition was very marked, and the mucous membrane appeared swollen and infiltrated, but in no other case was there any appearance of thickening of the membrane either at the seat or in the immediate neighborhood of the abrasion.

"Under what circumstances is induration of the uterine tissue met with, and in connection with what other changes in the organ? It existed in nine cases: in five of which it was not associated with any other disease of the uterine substance; in three, it coexisted with ulceration of the os; and in one, with a morbid state of the interior of the uterus. In an unmarried girl, aged eighteen, who died of cardiac dropsy, the tissue of the fundus, and of the upper half of the body of the uterus, presented its usual characters; but about half-way down the body of the organ there began a strip of a dead yellow color of much denser texture, resembling fibro-cartilage or the elastic coat of an artery. The dense tissue lay immediately beneath the lining membrane of the uterus, and being at first only one line in thickness, increased in width till it came to constitute the whole thickness of the cervix uteri. In the case of another patient, aged forty-seven, a similar condition was met with

in the body of the uterus, but scarcely at all involved the cervix; and in three other cases, in all of which the women were under thirty years old, the cervix uteri alone was affected, being white, hard; creaking under the knife, and seeming, under the microscope, to be composed of an extremely dense fibrous tissue.

"It appears, then, that most marked induration of the tissue of the cervix, and of part of the body of the womb, may exist where there is no other trace of inflammation either past or present. It may also occur in connection with inflammation and ulceration of the lining membrane of the uterine cavity. In a woman, who died at the age of fifty-six, about a third of the thickness of the wall both of the body and neck of the womb was exceedingly firm and creaked under the knife. Abundant glairy secretion from the cervical glands, and some want of transparency of its lining membrane, were the only unusual conditions of the interior of the uterine neck; but the cavity of the organ contained a copious purulent secretion mixed with blood; its mucous membrane was thickened, vascular, and destitute of polish, and about the middle of the posterior wall completely destroyed, leaving the substance of the womb beneath uneven, rather soft, and presenting the appearance of a granulating surface.

"Ulceration of the os uteri, and induration of the uterine walls, were associated together in three instances. On one occasion the ulceration was but slight, and the interior of the cervix extremely pale, though there was great injection of the lining of the uterine cavity. In this instance the cervical wall was much indurated, that of the body of the uterus rather less so. Extreme induration of the cervix existed in one case where there was rather extensive ulceration of the os uteri; and, in this instance, the cervix was considerably hypertrophied. The patient from whom this uterus was taken had been under my care for some years previously, suffering from symptoms such as Gooch describes under the name of irritable uterus; her sufferings had been most severe, and the enlargement of her womb most considerable at a time when there was no abrasion of its orifice. In one case only, in which there was considerable induration of the cervix, there was a distinct line of congestion about half a line in depth, between the ulcerated surface and the pale tissue of the undurated cervix.

"In ten cases, the condition of the lining membrane of the uterine cavity deviated from that which characterizes it in a state of health. Thrice this state of the interior of the womb coexisted with ulceration of its orifice of moderate extent, and presenting its ordinary appearance; but in the remaining seven instances the os uteri was perfectly healthy. In seven of the ten cases the uterine mucous membrane was vividly injected so as to present a bright rose tint, and was more or less swollen and softened. Once very extensive

disease of the lining membrane of the uterine cavity, probably of a tuberculous character, was discovered in the body of a woman fifty-six years old. In a second case, in which the patient was stated to have had a copious leucorrhoeal discharge, and to have complained of pain and of a sense of heat at the lower part of the abdomen, the intensely red mucous membrane of the uterine cavity presented an almost gelatinous appearance, and looked not unlike decidua. In this instance, though there was some ulceration of the os, yet the lining membrane of the cervix was quite pale; no secretion occupied its canal, and the tissue of the uterus was quite healthy. In a third case, a small patch of ecchymosis was present beneath the lining of the uterine cavity; and in a fourth, where the patient had not menstruated for five months, the lining membrane, though of a pinkish color, had lost its polish, and looked more like an injected serous membrane than like the mucous lining of the womb."

In relation to many of the above abnormal appearances, they ought probably, Dr. W. believes, to be classed with pseudo-morbid rather than with pathological conditions; but the data, he remarks, at present fail us for distinguishing with accuracy the one from the other.

"But, be this as it may, it is yet abundantly evident that many of them imply deviations from a healthy state more considerable than the trifling abrasion or ulceration of the os uteri, which existed on several occasions. We have seen that, in by far the majority of cases, the ulceration, when present, was not merely trifling in extent, but that it had not given rise to so much irritation of the neighboring tissues as to produce any appreciable congestion of the mucous membrane in its vicinity, while the changes in the uterine substance alleged to depend upon it were oftener present without than in connection with it; and, moreover, none of the alterations about the os and cervix of the womb were so considerable as those which were apparent in its cavity."

Under the third head of evidence, Dr. W. examines the effects commonly produced by ulceration of the os uteri in cases of prolapse of the womb beyond the external parts, and the symptoms to which it generally gives rise, and where we can trace the ulceration in its progress; can watch it for weeks or months together, and even see what it has led to when it has existed for years.

"It can scarcely be necessary to say," remarks Dr. W. in summing up his conclusions under this head of the inquiry, "that it is not my intention for one moment to assert that misplacement of the womb produces no inconvenience, or that ulceration of its orifice, when it is thus misplaced, is of no importance. Daily experience yields abundant proof to the contrary; but a detail of the symptoms or prolapse of the uterus forms no part of our present object. I referred to the accident and its consequences only for

the sake of suggesting the reasonable inference that, if inflammation of the neck of the womb were as frequent as has been supposed, or ulceration of its orifice the necessary occasion of such serious disorder of function and alteration of structure, we ought to meet with some of the most striking illustrations of these facts in cases where the womb, by its misplacement, is exposed to injuries from without, such as it was never intended to encounter.

"But though it be conceded, as I think it must be by all observers, that the symptoms supposed to characterize inflammation of the neck of the womb, and ulceration of its orifice, are not met with either constantly or in a specially marked degree in cases of prolapsus or procidentia uteri; still, we should not be justified in drawing an absolute conclusion from what we observe in the misplaced uterus, as to the effects produced by similar ailments attacking the organ when in its natural position. It may be alleged, and with plausibility, that during the gradual process of its displacement, the sympathies of the womb have been rendered less keen than they were while the organ retained its natural position; and that thus it comes to bear, with comparative impunity, injuries which might otherwise have produced great disorder of its functions and great alteration of its tissue."

"Under the fourth and last head of the inquiry: What clinical observation generally teaches us concerning ulceration of the os uteri, its course, its symptoms, and its importance? the question to which especial attention is directed by the lecturer are, whether sterility is more frequent, whether the rate of fecundity is lower, and whether abortion occurs oftener in cases marked by the presence of ulceration of the os uteri than in those in which ulceration is not present? Whether menstrual disorder is more common, more severe, or different in kind; whether leucorrhœa is more abundant, or furnished from a different source; or whether pain is less tolerable in the one class of cases than in the other. And, lastly, whether similar or different causes produce the uterine affections in the two classes of cases; whether the duration of illness is the same, and whether the structural alterations of the womb are alike or diverse?

The materials from which the lecturer has endeavored to make some approach to a satisfactory answer to these questions are derived from 1226 cases, of which records were preserved while the patients were under his care, either at the Middlesex or at St. Bartholomew's Hospital. Of these, 300 were in patients of one or other institution, and the remaining 926 were out-patients of St. Bartholomew's Hospital, between January 1, 1850, and October 15, 1858.

The investigation of the materials thus derived, as presented by the lecturer; the analysis and collation of the facts they present in their bearing upon the questions proposed for investigation, are val-

uable and interesting; they are well deserving of a careful and candid examination. We shall not pretend to present an abstract of them. To form a just estimate of their accuracy and the correctness of the author's deductions from them, they must be studied in detail. We can only lay before our readers the general conclusions to which the author has been led.

"1 Uterine pain, menstrual disorder, and leucorrhœal discharges—the symptoms ordinarily attributed to ulceration of the os uteri—are met with independently of that condition almost as often as in connection with it.

"2. These symptoms are observed in both classes of cases with a vastly predominating frequency at the time of the greatest vigor of the sexual functions, and no cause has so great a share of their production as the different incidents connected with the active exercise of the reproductive powers. But it does not appear that ulceration of the os uteri exerts any special influence, either in causing sterility or in producing abortion."

"3. While the symptoms are identical in character in the two classes of cases, they seem to present a slightly increased degree of intensity in those instances in which ulceration of the os uteri existed.

"4. In as far as could be ascertained by careful examination, four-fifths of the cases of either class presented appreciable changes in the condition of the uterus—such as misplacement, enlargement, and hardening of its tissues, while frequently several of these conditions coexisted. An indurated or hypertrophied state of the cervix uteri was, however, more frequent in connection with ulceration of the os uteri than independently of that condition.

"5. The inference, however, to which the last-mentioned fact would seem to lead, as to the existence of some necessary relation—such as that of cause and effect—between ulceration of the os uteri and induration of its cervix, is in great measure negated by two circumstances:—

"1. The number of instances in which an indurated cervix coexisted with a healthy os uteri.

"2. The fact that, while induration of the cervix was present in 25 out of 46 cases in which the ulceration of the os was very slight, it was altogether absent in 9 out of 16 cases in which the ulceration was noted as having been very extensive."

Thus, it will be perceived that the final conclusion of Dr. West's inquiry into the pathological importance of ulceration of the os uteri is, that such ulceration is neither the general cause of the symptoms which have been attributed to it, nor even a general concomitant of them, and an index of their degree and severity.

In the third and concluding lecture, Dr. W. enters into a brief inquiry into the actual causes of the various morbid phenomena,

that are considered by many as dependent solely upon ulceration of the os uteri.

These causes he believes to be very various, sometimes independent of local disease, as in the case of chlorosis, of hepatic disorder, of granular disease of the kidneys, of the gouty or rheumatic patient, all of which instances illustrate the dependence of uterine disorder on constitutional disease. Ulceration of the os uteri, when it occurs in such cases, Dr. W. considers to be of secondary importance, and equally so in many instances where disease really begins in the uterus itself, as in ailments succeeding to pregnancy, abortion, delivery, etc. In these latter cases, Dr. W. believes that the interior of the womb as well as in other instances where the symptoms of sexual disorder have succeeded to marriage, or where they have followed suppressed menstruation, and in those also in which uterine misplacements are succeeded by signs of sexual disorder, or where these signs have been associated with misplacement of the ovary.

Referring to the treatment pursued by those who advocate the pathological importance of ulceration of the os uteri, Dr. W. remarks :—

“It may be asked, how is it that such successful results have followed a course of treatment directed exclusively to the cure of the ulceration—that the application of caustic to the os uteri has been succeeded by the restoration of the patient to health? Now, I think, it should be borne in mind that, in connection with this mode of treatment, various other measures are of necessity adopted, eminently calculated to relieve many of the slighter forms of uterine ailment. The married woman is for a time taken from her husband’s bed, the severe exertion to which either a sense of duty urged, or a love of pleasure prompted her, is discontinued; while rest in the recumbent posture places the uterus and the pelvic viscera in just that position in which the return of blood from them encounters the smallest difficulties. The condition of the bowels, probably, before habitually neglected, is now carefully regulated, and the patient’s diet, bland, nutritious, and unstimulating, often differs widely from that with which, while all her functions are over-taxed, she vainly strove to tempt her failing appetite. Add to this, that the occurrence of the menstrual period is carefully watched for; that all precautions are then redoubled, and each symptom of disorder, such as, on former occasions, had been borne uncomplainingly, though often not without much suffering, is at once encountered by its appropriate remedy; while, generally, returning convalescence is met in the higher classes of society by a quiet visit to the country, or to some watering-place, in pursuit not of gayety but of health; and we have assembled just those conditions best fitted to remove three out of four of the disorders to which the sexual

system of woman is subject. But the very simplicity of these measures is a bar to their adoption; for you will bear me out in saying that the rules which common sense cannot but approve, but which seem to require nothing more than common sense to suggest them, are just those to which our patients least readily submit. The case is altered, however, when these said rules are laid down not as the means of cure themselves, but only as conditions indispensable to the success of that cauterization which, repeated once or oftener in the week, is the great remedy for the ulceration that the doctor has discovered, and which he assures his patient, and with the most perfect good faith, produces all the symptoms from which she suffers. The caustic used in these milder cases is the nitrate of silver; the surface to which it is applied is covered by a thin layer of albuminous secretion, which it is not easy to remove completely, and which serves greatly to diminish the power of the agent, while the slightly stimulating action that it nevertheless exerts seldom does harm; sometimes, I believe, does real good, though no more than might have been equally attained by vaginal injections, or other similar remedies, which the patient might have employed without the intervention of her medical attendant."

Notwithstanding it is the conviction of Dr. West, that in the great majority of instances in which the nitrate of silver is applied to the os uteri, the proceeding is simply superfluous, while to the use of caustic potash in cases in which the neck of the womb is more or less enlarged, he is altogether adverse, still, he admits that there are some exceptional cases in which ulceration or some allied morbid condition of the os uteri is found to exist, independent of any appreciable disease elsewhere; and others, equally rare, in which, after symptoms of uterine ailment have been subdued, a morbid state of the os uteri persists, that are benefitted by stimulant applications.

"In such cases," he observes, "I use either the nitrate of silver, or the acid nitrate of mercury, though neither of them frequently; and for weeks together no case appears among my patients at St. Bartholomew's Hospital, in which the employment of either appears to me indicated. In justice to others, it should, I think, be observed, that we have no right to infer that the majority of practitioners who resort to these agents with much greater frequency than some of us feel warranted in doing, regard them as absolutely the best remedies that could be used, but merely as the best under the peculiar circumstances in which uterine diseases have to be treated.—Were it possible to keep any of those milder agents in contact with the abraded os uteri which can generally be applied to an irritated or ulcerated surfaces elsewhere, this would doubtless be allowed, in many instances, to be a preferable proceeding. The problem, however, is to find some agent sufficiently powerful to exert an influ-

ence which may continue for several days, and thus to obviate the necessity for that frequent painful interference which would otherwise be required. That lotions, baths, and other remedial agents, which may be safely entrusted to the patient herself, will answer the desired ends more frequently than some practitioners imagine, is my firm conviction, but I could not refrain from stating what seems to me to be the candid interpretation of their conduct who pursue a different course of proceeding."

We have thus endeavored to present to our readers an exposition of the views to which Dr. West has arrived in relation to the pathological value of ulceration of the os uteri and its proper treatment. We bespeak for his lectures a careful and candid study on the part of physicians of the United States, believing them to be calculated to impart important suggestions in reference to the true character and pathological relationship of these ulcerations, and their correct therapeutical management. The series of facts presented by the lecturer, and the deductions to which he believes them to lead, place ulceration of the neck and orifice of the womb in a point of view that has almost entirely escaped the attention of the leading writers on the subject, and indicate a plan of treatment of the cases in which it occurs more rational and less objectionable than the one now almost universally practised.

D. F. C.

—*American Journal Medical Sciences.*

UREA IN ITS RELATIONS TO THE GENERAL PHENOMENA OF ANIMAL PHYSIOLOGY.

BY THOMAS BISCHOFF.

There is no longer any doubt that accurate knowledge of the phenomena of animal organism can only be acquired by the aid of a more intimate acquaintance with the unceasing chemical metamorphoses which take place in them. These changes must be understood, not only qualitatively but quantitatively, before our views on this subject can possess any scientific precision.

Towards the attainment of this object much has already been achieved, but indefinitely more remains to be done. This is particularly the case with regard to the metamorphoses of the nitrogenous constituents of the organism which are justly considered to be of such predominant importance in its actual activity. The history of the nitrogenous elements of food is at the present time incomparably more extended and minute than formerly. So likewise the study of the nitrogenous excretions, particularly urea, has

been abundantly and productively cultivated. No doubt is entertained that it is derived from the nitrogenous elements of food, but with regard to the quantitative and even qualitative relations which obtain between them there is the greatest uncertainty and diversity of opinion.

While some regard urea as the ultimate product of a series of metamorphoses of the nitrogenous elements of food which can be developed only in the living organism and by the action of the organs, others entertain the opinion that the albumen of the blood is converted directly into urea, even in the blood.

According to the former view, urea, independently of some other less important nitrogenous excretions, might be regarded as a quantitative measure of metamorphoses in the nitrogenous organs, a circumstance which would be of inculcable value with reference to the functions and agency of these organs. Such a proceeding is, however, inconsistent with the latter view, which represents the quantity of urea as dependent upon the accidental quantity of albumen in the blood.

An unprejudiced consideration of the researches which have hitherto been instituted for the purpose of deciding these questions, will at once show that they are altogether unsatisfactory. For on the one hand the chemical methods adopted for the quantitative estimation of urea were either liable to inaccuracy, or involved troublesome and tedious operations, which were applicable only in a few particular instances. On the other hand, it was certain that the constitution of urine and the quantitative relation of its several constituents are variably influenced by so many circumstances, that a correct insight into its qualitative importance and quantitative excretion could only be attained from a very great number of observations, and when the conditions under which they were made were exceedingly varied, and at the same time well known and definite.

If, therefore, the relation of urea to the general functions of life are to be more exactly investigated, and if the quantity in which it is excreted is to be recognized as the measure of metamorphosis of nitrogenous constituents of the organism, a method must be found for its quantitative estimation which will be at once certain, facile, and rapid in its execution.

Such a method has been contrived by Professor Leibig, which, with a little practice, admits of an estimation of urea being made in a quarter of an hour. I have in this manner instituted a large number of experiments with human urine and that of dogs and rabbits. The quantity of urea that the dog formed under the most diverse conditions of feeding was daily estimated during a whole year. The same was done for a period of five months with a rabbit.

For the human organism I have only endeavored to ascertain the quantitative relations of urea under the normal circumstances of

life during long periods and for individuals of different sex and age. The results which have thus been obtained present very considerable discrepancies with the statements previously made.

In the case of the animals mentioned, however, I have more especially convinced myself that the determining conditions for the formation and excretion of urea are far more variable and multifarious than has hitherto been supposed, and that they are influenced by circumstances so numerous and changeable that there is still a necessity for a much larger accumulation of accurate observations before the laws of this excretion and its correlative phenomena can be definitely evolved.

Although at present we can only consider the first step as having been taken, I believe that I have obtained some results which, while they remove previous doubt and present the subject under new aspects, may perhaps serve as the basis of further research.

Among these results are the following:

1. Urea is unquestionably, under all circumstances, the measure of the metamorphosis of nitrogenous constituents of the organism. It never originates from a direct metamorphosis of the albumen of the blood and vascular system. It is formed in the blood only from gelatin, and this perhaps never enters the blood unaltered in the normal conditions of life. The urea in this case is not a product of the metamorphosis of solid portions of the organism.

2. But although urea always originates in this manner from the metamorphosis in the organs, still, the quantity and quality of the food exercise a far greater influence upon the production of urea and the general metamorphosis than could hitherto have been supposed. It is indeed true that urea is formed and excreted under a total deprivation of food; but the percentage of nitrogen in the food exercises so great an influence upon the quantity, that when, for example, the dog on which I made my observations consumed in twenty-four hours 4000 grms. of cow flesh without fat or bone, he excreted in the same time 190 grms. of urea, while with 500 grms. of potato and 250 grms. of fat the quantity excreted was only 6 or 8 grms.

Food destitute of nitrogen, such as fat, under all circumstances produces a limitation of the metamorphosis of the nitrogenous portions of the organism. At the same time there is in most instances, *ceteris paribus*, a diminution in the quantity of urea excreted, but not always. When the food consists solely of fat both consequences obtain; the excretion of urea as well as the metamorphosis is diminished. The same is the case with a very full flesh diet. With a flesh diet merely sufficient for maintaining the weight of the body fat limits the metamorphosis, but the quantity of urea excreted is not necessarily diminished at the same time; it may indeed become greater than that excreted when the same quantity of flesh is

consumed without fat, in accordance with a law stated subsequently.

3. It has moreover been found, that the quantity of nitrogen in the food or portions of the organism metamorphosed within a certain period never appears entirely as urea, but that a certain, and under some circumstances considerable part, must be excreted in another form. This is likewise true in the case of dogs, although their urine does not contain uric acid, and scarcely a trace of other nitrogenous organic substances. Only very small quantities of nitrogen are excreted in the fauces, and as this is also true with regard to the lungs and skin, according to the admirable researches of Regnault and Reiset, it is difficult to form a correct opinion as to the form in which that part of the nitrogen of metamorphosed portions of the organism that is not found in the urine is excreted. It is most probable that this deficiency is owing to a partial conversion of urea in the blood, or perhaps even in the bladder, into carbonate of ammonia, which is excreted either by the skin and lungs or in the urine. However worthy of confidence the observations of Regnault and Reiset may be, I am still of opinion, that it has not hitherto been possible to continue them for a sufficiently long period, and under the necessary alterations of diet for determining with absolute certainty, whether or not carbonate of ammonia is excreted by the skin and lungs. The presence of carbonate of ammonia in the urine would be very probable, at least when, even with an exclusively flesh diet, or under a deprivation of food, it was alkaline while quite fresh and effervesced on the addition of an acid.

The quantity of nitrogen of the metamorphosed portions of the organism, which does not make its appearance as urea, is upon the whole tolerably constant under very diverse circumstances of diet and metamorphosis. It was found greatest, both relatively and absolutely, under a deficient supply of nitrogenous food (250 grms. of flesh.) It might in this case amount to more than two-thirds of the total nitrogen of the metamorphosed tissues. With a supply of nitrogenous food adequate for maintaining the weight of the body (500 grms. of flesh) it amounted to one-third. Under a very full and excessive flesh diet it was smaller absolutely than in the above cases, and was consequently so much reduced, relatively, as to be almost insignificant. I regard these facts as the strongest evidence that the original product of metamorphosis of nitrogenous tissues is solely urea, of which a certain portion experiences a further change—into carbonate of ammonia—proportionately greater when the quantity of urea is large than when it is small. The presence of fat in the food appears under certain circumstances to prevent or limit this further alteration of urea. It is owing to this influence, that although fat, as already remarked, limits the metamorphosis, and consequently the formation of urea upon the whole, still under

a diet consisting of flesh and fat, the quantity of urea excreted may become greater than when the same quantity of flesh is taken without fat, because the nitrogen of the metamorphosed tissues remains in the form urea. I am of opinion that fat exerts this influence by virtue of its connexion with the process of respiration. Lastly, water exercises an influence upon the deficiency of nitrogen appearing as urea. Thus, for instance:

4. The quantities of water and urea always bear a very constant relation to each other. No other constituent of the urine has so decided an influence upon its density as urea. Dense urine always contains much urea; specifically light urine is always poor in urea. Nevertheless, the quantity of urea excreted upon the whole within a given period, is related in the most intimate manner with the quantity of water, and *cæteris paribus* a large quantity of urine carries off more urea than a small quantity passed in the same time, although its specific gravity may fall considerably at the same time.

This influence of water may be owing to several circumstances—an increased facility in the solution and extraction of urea; perhaps also to an increased facility in the formation of urea. But it is moreover quite certain that water has an influence upon the quantity of urea in so far as the time and rapidity with which the urine is evacuated depend upon its greater or less quantity. In the presence of much water the urea formed is very rapidly separated from the blood and from the organism. There is not much time then for any further alteration of the urea and consequently its quantity is greater while the quantity of nitrogen not in the form of urea becomes less. Hence it is more particularly explicable why with different quantities of nitrogenous food (flesh;) with little there is a comparatively and even absolutely great deficiency of nitrogen in the state of urea, and with much flesh, on the contrary, little deficit. For in the former case the quantity of urine passed is very small, often only a few cubic centimeters during several days; in the latter, on the contrary, very great, amounting to 1200 or 1500 cubic centimeters in twenty-four hours.

It follows from these facts, perhaps with certainty, that the quantity of urea excreted under certain circumstances and within a certain time, cannot be taken as the direct measure of metamorphosis in the tissues, even when the urine does not contain any other nitrogenous constituent. Still it will always be the most important element for ascertaining its amount, and it will only be necessary to study more closely the influences exerted upon its formation and excretion, towards the elimination of which I hope to have furnished some contribution.—*London Pharm. Journ.*, from *Annalen der Chemie und Pharmacie*.

THE EFFECTS OF THE RECUMBENT POSITION DURING SYNCOPE, PHYSIOLOGICALLY CONSIDERED.

Mr. Richardson read before the Physiological Section of the Medical Society of London (April 20, 1854,) a paper on this subject. The author commenced by stating that though the fact, that the recumbent or horizontal posture often affords marked and immediate relief in syncope, is generally admitted, no very distinct attempt had hitherto been made to explain the principles on which it acted. One view, however, had fixed itself in the professional mind, and required to be carefully refuted. This view is, that the horizontal posture relieves syncope, by allowing the blood to gravitate to the brain and medulla, so that these centres, gaining energy by this process, react on the heart and supply it with new vigor. This theory had been supported by many writers, among whom the author quoted Dr. Alison, of Edinburgh, Dr. Ash, and Sir George Lefevre. The latter author relates a case in which syncope occurred on the patient assuming the erect position. It was found to be connected with the presence of varicose veins in the leg, and was prevented by the application of bandages. In this case, Mr. Richardson observed, that the brain being deprived of blood was secondary to the fact that the propelling power of the heart was to a great extent lost through the mechanical impediment in the course of the circulation—an impediment which the bandages relieved. It was also obvious that the blood detained in the lower parts of the body could not reach the brain without first passing through the heart. Moreover, any renewed force which the heart might receive from the nervous centres would be quite useless until it contained blood on which to act. When we perform transfusion, we do so for the purpose of filling the heart with its natural stimulus, not for the immediate purpose of exciting the nervous centres. The recovery of consciousness on laying a person in the supine position is no proof of the correctness of the hypothesis above mentioned; for, when consciousness ceases during syncope, it ceases as a consequence of failure of the circulation, and returns in proportion as the circulation becomes re-established. Mr. Richardson had observed that the first symptom of recovery from syncope invariably was the return of the heart's beat, and that then muscular motion, consciousness, and animal heat followed. Again, in some instances, the function of the heart fails, while the functions of the nervous system remain perfect; and, on the other hand, the manifestations of the nervous system may be suspended by narcotic poisons, while the heart continues to beat with power. There may also be extensive disease of the cerebro-spinal axis, and yet the heart's action remains unaffected. Again, in the animal kingdom, the size of the heart and activity of the circulation bear no relation to the develop-

ment of the nervous system; and, in the formation of the vertebrate embryo, the heart begins to pulsate before it is connected with any nervous centres. Mr. Richardson next proceeded to offer his own theory of the manner in which the recumbent position produces recovery from syncope. The explanation appealed to mechanical laws, and was very simple. It must be remembered, that the arterial blood sent from the heart first ascends, and that the venous blood descends from the upper and ascends from the lower parts. When blood is withdrawn from the upper part of the erect body, the heart loses its power of sending the blood along the aorta; hence the blood, losing the *vis a tergo*, gravitates in the veins in the lower half of the body. At the same time, the heart not having sufficient power to propel the blood to the brain and other parts, consciousness is lost, and voluntary motion and the production of animal heat fail. Death would now soon occur, from the heart ceasing to pulsate, and from the blood coagulating in the veins; but the body falls, or is laid down, and then the blood contained in the veins of the lower part of the body is poured into the heart, and again it excites to contraction. Thus the whole circulation is restored, and the brain and every part of the body receiving a fresh supply of blood, resume their proper functions; but to no one of these parts is due the least credit for having restored the movements of the heart. When blood is withdrawn from the lower part of the body, the chances of recovery are much lessened; for what was in the former case a reservoir, now becomes a running cistern. The recumbent position is here equally valuable, since it leads to a distribution of blood through the vessels above the heart. It might be even an advantage to put the head, in these cases, slightly lower than the trunk, until the cause of the hemorrhage was removed.—But, in general, the recumbent position is all that is required. The manner in which the killing of calves is performed in slaughter-houses, was adduced by Mr. Richardson as an instance of the effects produced by position on the loss of blood. He next proceeded to speak of syncope dependent on an over-burdened condition of the heart, or on debility of the cardiac walls. In these cases, the recumbent position enables the blood to pass more readily into the pulmonary artery and aorta, while the venous circulation generally is rendered more equable. Mr. Richardson then referred to several experiments which proved to demonstration the truth of his theory. Having slowly narcotized a kitten, he laid bare the heart by a careful dissection, without opening the right pleural cavity; he then punctured the arteria innominata, while the animal was suspended by the head. The heart continued contracting for some minutes, but at last the right auricle collapsed, and pulsation ceased. At this moment the body of the animal was reversed, and suspended by the heels. The auricle instantly refilled from the inferior cava,

and the heart resumed its contractions. This was repeated with the same results. On another occasion, the vena cava inferior was tied previous to the reversion of the body, when no reaction took place until the ligature was removed. In a third experiment, the animal was suspended, in the first place, by the heels, and, the abdominal aorta being punctured in the middle, the auricle was allowed to collapse as before; the animal was then turned head upwards, when the auricle filled from the superior venous trunks.—There could be no doubt as to the results of these experiments.—*Med. Times and Gaz.*, April 22, 1854.

EDITORIAL DEPARTMENT.

THE JOURNAL.

In commencing the second volume of the Journal, we are encouraged to hope for much in the future by looking back upon the past. We have found, (and we are gratified in announcing the fact;) during the past year, which was the first of its struggling infancy, an ardent desire, on the part of very many of the profession, who have generously aided us by the procurement of subscribers and in contributing to its columns, to sustain us in an undertaking they well knew was unrewarded, save by *that* gratifying consideration alone. It was all we asked, but at the same time we were taught to expect it for various reasons, the first and most prominent of which was, that such a work was *imperatively demanded* by the wants of an intelligent profession around us. Isolation is a condition at which the human mind revolts, for we look with pitying and tearful eye upon the self-exiled recluse. A profession isolated and separated from its kindred, is in no condition to advance but is rather retrograding, it matters not how much have been their previous acquirements. There is no *statu quo* state of the mind, it must advance or if not, it must recede. If even the profession of a state or district alone were to adopt measures for self-advancement, it would not, with the most untiring efforts, be able to take rapid strides in advancement, but the members must lag be-

hind the great body of the profession of the world around them, and with whom they hold no intercourse. But unfortunately for such hopes, the truth is that not only a local profession, without an organ or vehicle of communication of its own, is shut out from the medical world, but at the same time the members composing it are individually shut away from one another. Medical men must deeply feel the embarrassment of their situation when they reflect that there are others engaged in the same active and responsible duties, in a country of the same or similar medical topography, daily in a conflict with diseases of the same type, compelled to acknowledge features of these in obscurity and defying successful explanation, and yet at the same time there is nothing known of the experience and success of their neighbors in this perpetual strife with the maladies incident to the country, for want of that medium of introduction, thought, and intercommunication. None other of the learned professions could subsist as such, or prove useful in their vocations, without the means of ready and constant communication. In the progress of society exigencies arise which require the application of new rules to meet or to overcome, and he of the "black cloth" is required to expose some new *ism* found current, but heterodox in the world around him and which threatens to advance with its destroying influences into the midst of his flock and scatter them away from the fold. Or, perhaps some new scheme of moral and religious improvement has been projected in a distant community, highly favorable to moral reformation, and yet if he adopted a monkish seclusion, those who leaned upon him for instruction would be denied the benefits of the march of progress. Our relations with each other are daily changing and with these changes new rules are demanded. The statesman will look for data in the experience of those among whom these changes first began, as a rule of his action. So also with the legal profession, new conditions of society impose new obligations and the relations of property and persons are thereby often modified. New difficulties spring up and new causes of difference arise between members of society. Modifications of the rules of law are demanded and new decisions are had in accordance with the rights of persons in these new relations. The judiciary then look beyond their own benches for criteria by which to rule their own judgements and decisions. So

also in the medical profession. As new luxuries are introduced, new customs adopted, or different climacteral influences at war with the continued preservation of health, new forms of disease will arise or if not old and familiar types will be changed and so modified as to present an almost entirely new phase. The sparsely settled portions of the country may for a long time remain exempt, and yet a denser human settlement will bring with it these legitimate consequences. We might refer to instances strongly in point. The cholera was unknown in this country until 1832, and yet through the columns of the Medical Journals its progress, symptoms and fatality, from Bengal through a devious course until it finally, at the above date, reached Paris and London, and very soon after appearing at Quebec on the 8th of June of that year, it spread with rapidity through the entire continent. But its symptoms were so well known that it was soon recognised, nor was there allowed much time for speculation, for so rapid was its spread, and such the mortality which followed it, that no one doubted but that the angel of death was surely among us. Its habitudes were known and our people were somewhat prepared for its reception. We know not how much more fatal that visitation would have proved had it not been for the adoption of the most rigid sanatory and dietetic observances, with other precautionary measures. Not so when it visited China nor Hindostan. The former in their high assumptions and celestial arrogance, had previously shut themselves up and denied all intercourse with the world, and hence they knew nothing of the pathology, treatment or prevention of the disease and hence too its fatality among a people crowded together, poorly fed, and filthily inclined. We refer to these instances, not with the view of entering upon a dissertation upon Cholera, but to show the necessity of putting ourselves in an intimate relation with the medical world. In this particular the Journal places the profession in that relation, for like the lens in an optical instrument, it embraces a wide field and concentrates the objects so that they may be seen at one view, or like the mirror reflecting each object faithfully and truly. The time was when the medical literature of the country rested for its diffusion upon the journals of the Eastern Atlantic cities, but now they are found in all sections of the country, radiating their light to the profession around them. When collected

together they constitute as a whole, a valuable record and furnish a fund of sedate and valuable material for scientific advancement. Doubtless they have their defects, but of this it is not our province to speak now, that duty will be discharged at its appropriate time and in its proper place.

But it is not to be expected that a single medical man can avail himself of the benefits of all these contributions to the medical science of the country, nor would he have the leisure, apart from his duties, to examine and cull out from the mass, what would more particularly interest him in his particular locality. Laborious as the task is, we have undertaken to reflect, among our brethren, the light which from every cardinal point of the country, it is our good fortune, through the friendly agency of our Journal, to have thrown in upon us.

These journals have come to us recently many of them containing the most flattering encomiums upon the proud position which the profession of our young State now occupies in that of the country. Even the British Continental Journal at Montreal has been pleased to bestow the mead of high praise. Will our medical men continue to deserve it? Will they stifle emulation and not seek for a still higher position by a still higher merit? Are they disposed to permit the elements of improvement and advancement to struggle for diffusion or wither and die for want of a material basis? Is there professional *State pride* enough to preserve and increase the capacities of their *only* organ or medium of communication? We have an abiding faith that they will not, but that they will take their Journal in their hands and with proud exultation claim it *as their own*, and vow that it shall continue theirs. Let them exhibit it as a true evidence of their devotion to medical science and as a proof that they stand prominent in their profession. Let its pages show that they have contributed to its columns as confirmation of their position and that their labors are appreciated.

To one and all "*to whom these presents may come*" we say forward your names, but yet be not satisfied that you have then done your *whole* duty. By no means—it does not rest there.—You will call upon your neighbors and by appeals to their good sense, their generosity and professional pride, induce them to enrol themselves upon the list among our subscribers. In taking up that

list we can point with exultation to quite a long one and because their names are *there*, we regard as *prima facie* evidence of their prominent position at home, among those for whom they labor, and the profession generally.

The first number then of the second volume of our Journal is now before you. We rely in confidence upon your liberality, and justice in criticism, and that it may be so far approved and judged worthy as to make it an acceptable *bi-monthly* visitant. Remember this the *only work of the kind in the State*, and be assured too that so long as we receive the encouragement which has been extended to it during the first year of its existence, we will not only continue it, but that in proportion as it receives *substantial* approbation it will be still further improved and amended. As an inducement and incentive we will present to that individual at the close of the current volume, a work on medicine which he will regard as worthy of his effort, in obtaining the greatest number of good subscribers.

MEDICAL FOGIE-ISM.

This term has been so often used, so frequently quoted, and so strongly emphasised, that we are led to suppose there is opprobrium in its meaning. In all respect to those with whom it is in such familiar use we ask most beseechingly what it is? Is it intended to apply to those who have been long in the service and have laid up stores of knowledge by observation, experience and research? Is it meant for those whose heads time has silvered with grey hairs, and furrowed deep fissures of anxious care in their faces? Is it used to scout from the profession all such, and heap odium upon their heads after a long, eventful and useful life? Much as we admire the energy, activity and emulation of the young in their march of progress, and much as we desire to see them imbued with a just ambition for greater usefulness, we must be allowed to enter our solemn caveat to this tirade against age and its concomitant—*experience*. We venerate grey hairs and we respect age, and in spite of such young aspirants as would cast a slur upon experience and years, we will *continue* to venerate and respect them, and so will the world. We protest against such a spirit as would elbow

out of the way the feeble, tottering, and time honored deciple of medicine who has manfully kept his place in the ranks, and still occupies his position in the "fore front," doing battle with that invincible daring as if it were a sacred duty, and with a zeal inspired by humanity. It is sickening to hear those who have but a short time since escaped from the "apron-strings" of their *alma mater* jeer at what they are pleased to call *foibles* and *trifles* incident to age and long years of experience. And who has not observed how painful it is for some to strain out an expression of commendation upon those much older than themselves, as if even a word favorably spoken cost a parturient effort. It is enough for the old to feel the embarrassments of enfeebled age, without having contempt heaped upon their physical decline. It is an insult to nature herself, and is a self-condemnation in advance, for as certain as that there is a law of gravitation, there is also a law of decadence which will just as surely overtake all, and yet they effect to despise it. Look at the effect of time and years upon the form of the justly distinguished Mott. Will "young physis" dare to cast contumely upon the man of whom the American profession may well be proud. Why is his counsel sought for by even those who are daily crying out "fogie-ism?" Then there is the little attenuated and bowed-down physical frame of Mussy who has scarcely body large enough for his great soul, is he to be derided as an "old Fogie?" If so, why is he listened to with so much attention, and why are his opinions so much respected? Is there one who dare raise his voice of excommunication against these venerated and venerable fathers with many others equally distinguished? If there be, it were better for *his* position and credit had he held his peace. The same may be said of others whom we could name, whose prominence is acknowledged and whose merits will bring their reward in the abundant gratitude of the profession. Let those who deride, but imitate their virtues and emulate their useful lives, and even then these scoffers will fall short of the high mark to which these sires have attained. Let them reflect that it is but human nature to err, and that although the old may cling too long and too tenaciously to erroneous views, yet the young have their vanities, foibles and conceits. After all, there is much to be learned by experience alone; therefore, the veterans in the service can best lead in progress, and are the

true conservators—the first, the safest and most efficient reformers. We hope to hear no more taunts or revilings toward those who are traveling downward toward the tomb, which will ultimately bury more mental power, talent, and usefulness, than such sneering revilers could ever conceive of, or attain to, should their thread of existence be spun out the length of that of Methusaleh. Time on earth would not be long enough for them to reach to such a goal.

There is a wide difference between a ripe experience and embecile dotage—just as much as there is between infancy and maturity.—It is a misfortune with some, however, never to reach a maturity, but rather their infancy is merged into mental superannuation. Such is the case with those who are "*wise in their own conceits*," and under the accumulated weight of vanity and self-importance, of arrogance and self-adulation, they sink down, remain down, and amid their sepulchral murnaurings and mutterings, the echo of the slang of "fogie-ism" is heard reverberating in bitter and vindictive tone.

We are the friends of progress—our position and efforts are unmistakable evidences of it, without presuming too far, allow us to say that if our shoulders are not to the wheels of the car, in all modesty we would ask, whose are? Our strength may not be *herculean*, but our will is good, and if health and life are to be ours within the ordinary allotment, we will continue our best efforts.—But we desire to see no obstructions thrown in the way, nor discouragements thrown upon those who have labored and who still continue to work. We are disposed to respect the opinions of those who have enjoyed the benefits of a long experience, and if they differ with others in the choice of the most effective mode of action, let them be gently and affectionately advised and counseled. Let them not be jeered at—railed at—*scoffed at*.

We would at the same time say to those who are of the sect of "*young physic*," to those in particular whose energy and talent enable them to bound forward on the high-way of progress, to persevere in their efforts, for in the future before them there is in reservation a fame as brilliant and dazzling as that which now gilds the sunset of those soon to give place to them. The legacy which these last will bequeath will be as responsible as the trust will be sacred. But to prove worthy of it, they must be respectful and liberal.—

They must not pronounce every opinion a *dogma* simply because it has been avowed by one whose head is variegated by a few gray hairs. It is impossible for the mind to discard opinions based upon what it conceives and judges to have been facts developed from time to time in the daily discharge of duty and in the progress of observation; and yet it may happen that the data *may* betray and the premises *may* prove false and erroneous. Nor should the old and experienced frown discouragement upon those younger than themselves because they advance new and different views, *simply* and *solely* because they emanate from the young. This will bring upon them contempt, and disdain, and dislike will be engendered.—It will prove suicidal to the medical profession to originate parties or sects in the body of the profession, for we should present an unbroken front, in order the better to contend against the empiricism of the country whose life-blood will be drawn from intestine divisions and feuds among ourselves.

In conclusion we will introduce one of those who has been met on his onward way with the salutation, "Go up thou bald head," whose distinguished services deserve the heart-warm thanks of the medical men, not of this country only, but those "over the waters." Let him speak for himself, for surely he is "of age." After all his chief sin lies in the manner and not in the matter of his works. He is an original "thinker," and if he is somewhat original in the use of the representatives of his thoughts, it is a small fault and should be reformed by respectful kindness and not by reproach.

PROFESSOR MEIGS' REPLY TO CRITICS.

Philadelphia, May 6, 1854.

DEAR SIR:—As it is common to all men to prefer commendation rather than reproof, I could not well avoid a feeling of regret, not unmixed with surprise, on receiving your note of the 1st inst., which was marked "confidential." I regret, in the first place, that your journal should be the medium by which I am to be assailed, and I was surprised to find that you should use it against a work of mine with which you are apparently not dissatisfied. At least, I gather from the tenor of your letter that you do not disapprove of the tract in question.

I am much obliged to you, sir, for the favorable expressions and

kind wishes contained in the closing paragraph of your letter, and beg to assure you, you are quite correct in supposing that I "make a better use of 'my' time than those who read reviews of themselves after having written the best books extant." I believe there are not a few reviews of my publications that I have not read; and while it is true that I should thankfully receive and strive to improve every truly obvious suggestion in the way of emendation, I confess I have but very little concern in the opinions of angry and unreasonable or incompetent writers of criticism, some of which I have found to be beneath contempt for knowledge or temper exhibited by them.

I hope that I have not, by any one, been charged with the indecency of praising my own writings, which have often been the subjects of very sharp comment. I know and admit that my writings have many faults; but I claim that even were I a good writer, I have been too busy a man to write with care, or with very special regard to the manner of expressing my thoughts. If I should have waited for time to write, I should never have made public a line on topics; and yet, as you know, I have written a good deal: perhaps I should have been a wiser man if I had never published a paragraph on medicine! and were I governed only by the opinions of these young gentlemen of our brotherhood, who *do* most of the American medical reviews, I should long ago have resolved never thereafter to open my mouth in their presence, but, holding my peace, leave them alone in their self-sufficiency.

It is a difficult thing for a man to judge on a question of this kind. Here now are young people in New York and Virginia, and elsewhere, who review not my books only, but me, even when my books are not in the caption; and who inform the public that I cannot write English, and that what I do say is wholly unintelligible, and, worse and worse, that what I have written is "unworthy of his (my) eminent position."

I have not claimed to be in an eminent position, saving and excepting only, that I shall ever deem it a fortunate and creditable circumstance that I am sustained by my colleagues of the College, conjointly with whom I have labored as a public instructor of students of medicine, in perfect harmony and concord, for a great many years. This, I presume I may, without vanity, be allowed

to regard as an enviable position, seeing that our medical brethren in the States do send to us a great number of their pupils, which is a certain mark of their confidence and respect.

I know not, then, what these young gentlemen mean by "his eminent position," unless they be pleased to refer to my writings, which nevertheless they do reprobate, and, I might say, truculently condemn and destroy—if they be, indeed, destroyed by these public spirited and most learned guardians of our sacred fane!

What would you have me to do, Dr. Dowler? Shall a man lay his hand on his mouth and his mouth in the dust, because a * * * writer of squibs shall deem him unworthy of his "eminent position?"

I do think that Heaven knows I never wrote for my own sake, but for the sake of my brethren, to whom I owe an unpayable debt of thanks and grateful respect for their goodness, by me scarcely deserved. I say that I am deeply in debt to my medical countrymen for the some thousands of their students whom they have permitted to hear my public lectures, and for their approbation of my writings, most clearly expressed in the fact that they have taken 15 or 20,000 volumes of them from my booksellers, and are now asking me for others that I am preparing to send them. In fact, I have just finished for the binders a new and enlarged edition of my *Letters on Woman*, which I hope may be found emended as well as augmented, for it was much abused, with the rest.

I repeat, then, what ought I to do? Am I to believe the young gentlemen, the sophomore *scollards* [?] who assail me, or may I not venture rather to rely on the seniors, my brethren, who buy 20,000 volumes of my medical tracts, and ask me for others that are coming? I have too good an opinion of American doctors to think they would purchase so large a library that has in it neither English nor common sense.

As to the particular tract which you tell me is to be reviewed in your forthcoming number, I will be so weak as to confess, I should be sorry to find it failure, not on account of the personal mortification merely, but because I have good reasons to believe it contains much sound and wholesale instruction, well fitted to aid the young and inexperienced brethren in a difficult department of clinics; wherein many, nay the majority of us, commit the most scandalous blunders, and do the most blameable malpractice.

I hope I have not the least desire to rescue the volume, however, much I confide in the principles and methods which I have inculcated, from a condign condemnation. Yet I confess it is hard for me to understand how it should be, that, while supposing myself to be very intimately acquainted with the history and bibliography of that particular subject, I should make the grave mistake of regarding the book as not only a useful but an original and novel exposition of these matters, if it should in the end prove to be not worth a rush. Assuredly, considering the place I have long occupied as a practitioner and teacher, the duty I owed to my brethren of being a man of studious habits, as well as a careful observer of diseases and results of treatment, I ought by this time to have learned something worthy of being told to others. Still, your reviewer may be a person far more variously and accurately informed than I, and so prove himself quite able to show that I have learned nothing in cases that have attracted much of my attention for many years.—Let him, in that case, cut my book into shreds if he will; I shall endeavor to think no evil of him on account of his evil intent towards me, or my book rather. If he rails at us, much happiness and self-gratulation may be found in his railing. I shall endeavor to find contentment, nevertheless, and to that end perhaps I might do well to read in the Bible. In the 2d chapter of II Book of Kings, I shall find a story concerning the prophet Elisha; he was old and well stricken in years, and so am I; he had a bald head, and so have I; he went on his way in the world, and so do I; he met angry and naughty boys, so have I; they scorned his gray hairs and hooted at his bald crown; probably they thought him unfit for his "eminent station," and they cried out upon him, "Go up, thou bald head; go up, thou bald head." The prophet turned and "cursed them," so do not I; and the Lord sent two she-bears out of the mountain, and "they tare forty-and-two of those children that day." I am very sorry for the poor dear little Jew boys that were torn, and I hope my reviewers may keep clear of all such, and other vermin. And I even go so far in humanity as to trust, humbly, they will not feel themselves hurt by the reflection that their brethren and mine have bought some 20,000 volumes of medical works from a writer whom they so greatly disapprove.

I heartily reciprocate your kind wishes for my welfare; and,

while I regret you should use your journal to do me hurt and damage, I am not the less an admirer of your talents and industry, and I rest with respectful consideration.

Your Servant,

CH. D. MEIES.

Dr. B. DOWLER, New Orleans.

P. S.—Were it not that you have marked your note to me “confidential,” I would invite you to use your pleasure as to the insertion of this into a number of your Journal—not that I am desirous to defend my book against criticism, but only in the view of saying what I believe to be quite true—that I have reason to look upon my writings with less doubt as to their usefulness, on account of the undeniable fact that they have met with considerable favor at the hands of the medical public in our country. Yet, after all, perhaps your reviewer may have been pleased to say nothing that I should not be willing to agree to. In that case I should have no answer to make.

C. D. M.

TO OUR READERS.

We have endeavored to place the Journal into the hands of every medical man in this and of many in the surrounding States, for their examination and if they approve, we hope they will at once authorize its continuance to the P. M., who will at once give us notice if rejected. Unless this be done, we will, after a sufficient time has been allowed for the purpose, place their names permanently upon the list. We trust, for the honor and liberality of our medical brethren, the rejections will be but few if any.

During the first volume we received a notice or two that the Journal was not desired after it had been sent some time. Such a course is not just to us and certainly not honorable to those who would continue to take it for a given time, read it, and then declare they do not want it. A specimen or two of such justice is on our file of correspondence, which we shall preserve as proofs of the position that “exceptions prove the strength of a rule,” and that there is “none without its exceptions.”

We would respectfully call the attention of those knowing themselves in arrears for the first volume to their accounts, which will

accompany this number. Our expenses are heavy and must be met promptly in order to keep the Journal in "the line of progress." The publisher must be paid and he requires his remuneration in order to meet his heavy expenditures. Every intelligent gentlemen will understand this. All we ask is to meet these requirements, for we repeat, it is no source of emolument to us. We hope that these bills will be met at once. The amount enclosed in presence of the P. M. and his certificate of the fact will satisfy us if there is any failure in reaching us. Please be particular to direct to *Iowa Medical Journal*, Box 109, *pre-paid* in all cases.

THE NEXT COLLEGE SESSION.

This will commence on the first of November next, and close on the first of March ensuing. This will prove a slight increase in the length of the session. We are of the opinion that the sessions in all our schools should be extended and this appears to be a prevailing sentiment at this time. There are very many reasons for the adoption of such a course which we will not now discuss.

From present indications the class of next winter will outnumber even that of the last, as we are every day in receipt of notices of intention. Those intending to be present will do well to give timely notice (if they have not already done it,) to the Dean to that effect, for many good and substantial reasons.

We have assurances that the supply of books will be equal to the wants of the class, there being now two large book stores at this time in the city, where they can be obtained at as reasonable prices as any other city of the west. The accommodations for board will be ample and comfortable.

Those desiring certificates of Scholarship will call upon the District and County Judges and members of the Senate and Legislature, who are now or will be supplied with them.

This is a State institution and the present arrangement is for the especial benefit of the young men who desire to complete their medical education. Every intelligent citizen with whom we have conversed, have spoken in the warmest terms of commendation of the arrangement, and do not hesitate to say that it will redound to the

best interests of the profession and of community. Every liberal and just man has unequivocally declared it to be an element of scientific advancement such as to constitute an object of just pride by every good citizen, and should be cherished and sustained, as it makes such liberal provision for the medical education of our young men at home at a trifling expense to them. With such men, above narrow and selfish views, the great increase in the numbers of the class of last winter was a source of sincere gratulation and awakened in their minds the liveliest hopes and the earnest wishes for the future well-being of an institution promising so much for the public good. We have numerous letters in our possession from gentlemen, in and out of the profession, encouraging us to continued and persevering effort, and assuring us of their warmest sympathy and promises of their efficient aid in our efforts to promote the prosperity and well-being of the school. To all such, we tender our heart-warm gratitude and will be remembered by us in future time. After all this it would hardly be supposed there would be one found so lost to a sense of the public good who would use his influence to persuade young men not to avail themselves of the benefits so liberally held out to them, and yet it is even so, as the history of last winter will abundantly testify. It however availed nought, as all such unhallowed efforts do ultimately fail. This will suggest a wise caution to others not to be beguiled to their own injury merely to gratify an evil propense and vindictive spleen.

All operations performed before the class will be gratuitous, and we take this occasion to give an assurance that this will be adhered to and if heretofore at any time a different course was pursued, it was done without the *knowledge or consent* of the Faculty as such. During last winter no such charge was made in any case.

Reviews and Bibliographical Notices.

AUSCULTATION AND PERCUSSION. By Dr. Joseph Skoda. Translated from the Fourth Edition by M. O. MARKHAM, M. D., Assistant Physician to St. Mary's Hospital, Philadelphia, Lindsay & Blakiston, 1884. Pp. 380.

We have here the work of the distinguished Skoda, the newness and originality of whose views have at various times caused great excitement in the medical world. Skoda has no respect for old theories and tenets in auscultatory medicine. He ferociously charges into their midst, riding down and destroying, and as Dr. Markham says, "covering the field with the *dissecta membra*" of his luckless adversaries. As may be supposed, the first promulgation of Skoda's views drew upon him the combined wrath of those who assumed to speak for the profession—but although restrained for a time, they have slowly found their way to the minds of men and there wrought conviction, until now the name of Skoda stands in the first rank of the army of medical philosophers. But who will wonder that his views were rejected as dreamy and speculative Germanisms, when he learns that they clasped with and would have set aside the opinions of the venerated and immortal Laennec? Even now when every one acknowledges the accuracy of Skoda's experiments and the truthfulness of his deductions, it is with a feeling akin to horror that we read his attacks upon the fathers of auscultation—but there is a quiet earnestness in his manner of writing that tells that you are dealing with no shallow, brainless theorist, but a philosophical observer and a profound thinker. The limits of a review like the present will not admit of anything like a lengthened exposition of the views of Dr. Skoda, but we will endeavor to place before our readers some of his most prominent ideas. And before entering upon the discussion, we would say

that our author deserves the thanks of the profession for his efforts to do away with the hideous, Gallican nomenclature, in which as our own bard Holmes says,

The bruit de rage and bruit de scie,
And bruit de diable are all combined,"

for nothing has contributed more to retard the progress of auscultation than the complicated and useless phraseology with which it has been burdened by the French, who, we are sorry to say, find many servile imitators among American physicians who have visited France. Skoda's nomenclature is plain and practical, and would serve an admirable purpose, were it not, as Dr. Markham (the translator) remarks, unfortunately the case that much of it is based upon the theory of consonating sounds, and until that theory is more generally adopted, the nomenclature will not answer. Among its most notable peculiarities are the rejection of ægophony as a sound of no value and of the terms pectoriloquy and broncophony as representing one sound. His division of the dry sounds is interesting, hissing, whistlings and snorings. The most notable of Skoda's theories is that of the broncophonic sounds, which he accounts for by consonance of sound. Our readers will remember that Laennec explains this by supposing that the increased solidity of the parenchyma of the lungs causes the voice to be conveyed with more distinctness to the ear. Skoda's views we will give by transcribing a short sketch of them by Dr. Markham in the translator's preface.

"The voice passes into the parenchyma of the lungs through the medium of the air in the trachea and the bronchial tubes and is not propagated along their walls, it traverses healthy as readily as it does hepatized lung and even somewhat more readily, consequently broncophony does not depend upon an increase of the sound conducting power of consolidated pulmonary tissue, moreover where the lung is consolidated, the thoracic voice increases and diminishes in force without any concurrent change taking place in the condition of the lung, this variation in its strength evidently results from the circumstance of the bronchial tubes being at one moment blocked up by mucus, etc., and at another freed therefrom by the cough and expectoration etc.; if the broncophony depended upon conduction of sound it would be a matter of indifference whether the tubes contained air or fluids. It must not be forgotten that ac-

According to the ordinary laws of reflection of sound, the more solid the parenchyma the more difficult does the passage of the sound into it from the air become.

That the air in the mouth and nasal cavities consonates with sounds formed in the larynx, is proved by the fact of the changes which the voice undergoes through opening and closing the mouth and nose, whilst the condition of the larynx remains unaltered, just in the same way does the air in the trachea and bronchial tubes consonate with the laryngeal sounds. Now air consonates only in confined space and the force of the consonance depends upon the form and size of the space and upon the nature of the walls forming it; the more solid the walls, the more completely will the sound be reflected and the more forcible the consonance. The cause of the loud voice produced by a speaking trumpet is well known.— But the air will consonate with certain sounds only; in the trachea and bronchial tubes it becomes consonant with the laryngeal voice, in so far as their walls have a like or analogous character to the walls of the larynx, of the mouth and of the nose. Within the cartilaginous walls of the trachea and the bronchial trunks, the voice consonates nearly as forcibly as in the larynx, but as the bronchial tubes divide in the lungs, they lose their cartilaginous character, becoming at last merely membranous in structure and therefore very poorly adapted for consonance; when therefore, the consonance is increased in these latter tubes, we may be sure, either that the membrane forming them has become very dense or cartilaginous, or that the tissue around them is condensed and deprived of air, whereby the former reflecting power of the tubes is increased. Of course the communication between the air in the tubes and the air in the larynx must be uninterrupted. The walls of a confined space frequently vibrate in unison with sounds excited within it as do those of an organ-pipe or of a speaking trumpet. The larynx vibrates with every sound and its vibrations are perceptible at a considerable distance from their point of origin; so also must the walls of the bronchial tubes which are distributed through the parenchyma of the lungs, vibrate when the voice consonates within them; and the vibrations thus excited, will extend to the surface of the thorax, passing through several inches of thick fleshy parts, or of fluids and manifest themselves there as the consonating sounds of the bronchial tubes.

This then is Skoda's theory of broncophony. Our readers must judge for themselves whether he has established his case.

With an exposition of another of Skoda's theories we will close. We lack space to lay his proofs before the reader, and can only remark that he bases his opinion upon actual experiment.

"That the lungs partially deprived of air should yield a tympanic sound and when the quantity of air is increased, a non-tympanic sound appears opposed to the laws of physics. The fact however, is certain and is corroborated both by experiments on the dead dead body and also by this constant phenomena, viz: that when the lower portion of a lung is entirely compressed by any pleuritic effusion, and its upper portion reduced in volume the percussion-sound at the upper part of the thorax is distinctly tympanic."

* * * * *

"In pneumo-thorax, the walls of thorax, if they are not much distended, yield a tympanic sound, but if much distended, their sound is almost constantly non-tympanic."

* * * * * "When the intestines contain gas, but are not forcibly distended by it, nor compressed by the abdominal walls, they always render the percussion-sound of the abdomen tympanic; but if they are much distended or compressed by the muscles of the abdomen, the sound becomes less or even more tympanic."

The only approach to a just explanation of this position of Dr. Skoda, respecting which at first, there would seem some doubt, would be the fact that the parietal walls would lose their natural contractility in consequence of long and great distention, which would result in a flaccid or *doughy* state of the integuments and therefore would yield, upon percussion, a less resonant sound than in a more contractile and tense condition of the parts. Thus we see that the degree of resonance depends not only upon the amount of enclosed fluids, but also upon the degree of tension of the parietes. Great accumulations of air in a cavity, and at the same time a loss of resonance from the above cause, is always an evidence, in our opinion, of a great loss of vitality, and we cannot well see how it can obtain under other circumstances.

The translator's work in the book has been well performed, with the exception of a tendency to put many of his words into a form too nearly approaching the original German.

Should any one be interested sufficiently in the work to procure it, we can assure them that they will find it deeply interesting, whatever may be their opinion of the truth of the views advanced by its distinguished author.

Hughes' Clinical Introduction to the Practice of Auscultation.

Who has not this little work on physical diagnosis? If there be one, let him supply the *deficit* at once. It is small, and so are valuable jewels generally, and this is one of the purest water. It is a *multum in parvo* offering, and should have a conspicuous place in a medical library, but never hidden by being "overlaid" by other and more cumbersome works. It is convenient for reference by the practitioner whose engagements will not afford him time to examine into works more elaborate; and to the student it is an invaluable text book which should be memorized almost. To understand well this work he will have laid a sure foundation for ultimate superiority in physical diagnosis. Published by Blanchard & Lea, Phila.

A UNIVERSAL FORMULARY—Containing the methods of preparing and administering officinal and other medicines. The whole adapted to Physicians and Pharmacutists by R. EGGLEFIELD GRIFFITH, M. D. A new edition carefully revised and much extended by ROBERT P. THOMAS, M. D. With illustrations. "Selecta sunt quæ Medicum Nobilitant."—Linnæus. Philadelphia: Blanchard & Lea, 1854. pp. 631.

We of the present day are greatly amused by the disgusting and interminable messes prescribed by the physicians of former years for the cure of diseases; but even in this enlightened age there are forced down the throats of patients many mixtures quite as incongruous and as inert as those which now excite our laughter.

This arises from the neglect, by physicians, of the art of prescribing—a neglect which we are satisfied is a fruitful cause of ill success in practice. Of course no formulary will enable the physician to determine whether the case before him demands a purgative, a narcotic, or a diaphoretic, *that* he must determine for himself; but when he has determined it, a careful study of any of the

different authors who have written of late upon the subject, will enable him to apply his remedy in the most efficient form, avoiding cumbronsness, unpleasantness of taste as much as possible, and above all, avoiding incompatibility.

The work before us is, we think, admirably fitted to fulfil the purpose for which it is designed. It opens with an introduction containing full tables of the weights and measures of France, England, and the United States, and their proportions and relations to each other, together with a great deal of valuable information upon the specific gravities of different substances, a glossary of Latin terms used in prescribing, and sundry matters of interest to the physician and pharmacist. Following this is the main body of the work containing a vast number of valuable formulæ among which the physician may find the most approved form of giving any medicine he wishes to use. The work contains a most valuable index both of the formulæ and the diseases for which they have been advised.

THE SCIENCE AND ART OF SURGERY. By John Erickson, Professor of Surgery in the University College, and Surgeon to the University College Hospital, London, 1854.

This department of medical science has been advancing with rapid strides in the few past years, and its literature keeps pace with the other improvements. Among the recent valuable contributions the above work stands prominently forward. It is edited by John H. Brinton, M. D., of Philadelphia, who has contributed largely to its value. Few works are written in a style so clear and perspicuous, and the three hundred and upward illustrations render the text still better understood. The pathological changes in the blood in inflammation, the condition of its white and red particles under the different stages and changes, are well described and represented.—The colorless corpuscle adhering to the walls of the blood vessel, the continued movement of the red globules and their accumulation and arrest, are clearly enough described in the text, but are further shown by the illustrations in connexion.

The chapter on operations should be perused by all whether by

those who make pretensions to the use of the knife or the *tyro* whose ambition looks in that direction. The author gives a wise and judicious caution in the use of chloroform, and the American editor concludes his remarks upon it by a note at the close of which he says: "The numerous fatal consequences, however, which have attended and are daily resulting from the employment of chloroform in Europe have led to the almost entire abandonment of its use in this country." He gives a preference to well washed ether as an anæsthetic and maintains that it is less dangerous. The work is a valuable contribution to medical literature and should be found among the other standard works in the physicians' library. The *ear* and the *eye* have no part in this work, from the fact that they have been made the subjects of so many special treatises.

This work, one among the best extant, contains 902 pages, and is published by Blanchard & Lea, Philadelphia, 1854.

AMERICAN JOURNAL OF PHARMACY. Edited by Prof. W. Proctor, of the Philadelphia College of Pharmacy.

In calling the attention of our brethren to this work so valuable to the profession, and so honorable to this department of science in the country, we feel that we are discharging an obligation imposed upon us by our position. We feel too that it would be unnecessary to say more than that such a work is demanded by the wants of the profession, and that this periodical *meets* these wants. We have gleaned from its pages some valuable practical thoughts which we have profitably reduced to practice. We shall add to the interest of our Journal by freely extracting from it in future. We can cheerfully recommend it to the favorable consideration of the profession.

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NO. 2.

ORIGINAL COMMUNICATIONS.

THE DUTIES OF THE MEDICAL STUDENT.

Extract from the recent Introductory Address.

BY FREEMAN KNOWLES, M. D.,

Prof. Theory and Practice of Medicine in Iowa Medical Department.

* * * * Let thoughts of honorable ambition ever fill our minds, and the loftiest eminence of scientific and professional character guide us, as the beacon star in all our efforts. Let us toil for it, and live for it, and the day will come in looking back over the journey of life, when we shall be surprised at the amount of labor performed, the obstacles overcome, and the good attained.

There is hardly any limit to the achievements of energy, combined with determined perseverance. Like the faith spoken of in the scriptures, it removes mountains, and casts them into the sea. It made Demosthenes the prince of Grecian orators.—It enabled Julius Cæsar, although crowned at the early age of eighteen Priest to Jupiter, to win the brightest laurels on the fields of Mars. It enabled Cicero, by fixing his eye upon his great Master, to achieve the reputation that placed him side by side before the world with his Athenian predecessor, and made him the first of Roman Orators. It has made the brightest ornaments in our profession, that the world has ever produced. Germany, that land of scholars, folios, lexicons, subtelties and metaphysics, is indebted for its literary character, more to industry and determined perseverance than to any hereditary aptness in the German mind. Sir Isaac Newton, after transcribing with his own hand his famous work on chronology no less than thirteen times, remarks if he has attained any distinction over his fellow men, it has been more from industry and patient thought, than from any mental superiority.—To this untiring energy and determined perseverance, he world has

been indebted for all the improvements that have benefited mankind, and shed immortal honors upon their inventors.

It is the possession of these qualities that constitutes the Philosopher's Stone, that has replaced ignorance with knowledge, and dullness with activity; that has changed the old Broadhorn and Keelboat on our rivers, to the magnificent Steamer, the old rickety stage coach, to the snorting iron horse, and the space-annihilating rail-car. This has harnessed the lightning, and compelled it to do our bidding as a carrier boy; has disarmed the portentous thunder-cloud of its forked terrors, and imprisoned the struggling steam, compelling it to toil as a slave for us, to furnish the motive that drives our giant steamers across the pathless ocean, and speeds the flying locomotive along its iron course.

To this same undying energy has the world been indebted for the annihilation of that dreadful scourge of humanity, which annually slew its tens of thousands of victims, the Small Pox, through the agency of vaccination. It has continually been making improvements and discoveries, that annually relieve a large amount of suffering, has lessened nearly two-thirds the period of treatment in some of our miasmatic diseases, and diminished their mortality in almost the same ratio. It has enabled the Surgeon to overcome difficulties in his art, and to treat successfully a great variety of diseases and injuries, that a few years since were considered incurable, thus rendering the surgeon more and more a blessing to mankind.

How important then, that the medical student should be furnished with a well cultivated mind, an energy of character and an indomitable will that knows no such word as failure. With students of that character, the difficulties of professional and scientific studies will flee as the tiny crystals of frost before the rising glories of the morning sun.

But alas for that student (and we fondly hope that we have none such here) who all the time doubts his success. He is very much like a general advancing into an unknown country, who makes more provision for achieving a good retreat, than for overcoming the enemy, should he meet him; continually warning his men of the dangers ahead, and of the importance of being always ready to run away rapidly in case of danger. Such students and such an army are more than half conquered, before the conflict

begins. Without complete reformation, such a student may fag on at the foot of his class, but he will always have a character in the profession for stupidity. To such students I would say in all kindness, you have mistaken your vocation and had better turn your attention to some other employment better suited to your habits and capacity, for the profession and the public have a right to expect that he who enters the portals of the temple of medicine shall be no laggart, but earnestly devote whatever of talent and ability God has given him, to the best interests of the science and of his race.

There is however in some minds a great distrust of medical science and medical men, from the fact that discrepancies of opinion exist among the latter, and this is taken as conclusive evidence that there is no certainty or even safety among them, or in any thing they may prescribe. Such persons do not consider that perfection is not the lot of humanity, and that every thing around us partakes of this imperfection; even our nearest friends and most sacred relations participate in this same fundamental defect.

Suppose we were to judge of Law and Divinity by the same rule, how would these professions stand? for they are all based and find their need of activity and usefulness in this very imperfection, so much found fault with in Medicine. Theology is based upon the spiritual imperfections of our race, for if man perfectly comprehended and obeyed all the requirements of his spiritual being, there would be no need of a clergy: they that are whole need not a physician, but they that are sick, is the language of holy writ. We may say the same of the profession of law; it is based upon the social imperfections of our human nature, upon the rivalry of human interests and the zeal of human passions, and hence in civilized life, some means became necessary to settle these conflicting interests, and of this necessity courts of law were born, and have been continually verging towards maturity and perfection. But no one will say that courts of law and equity are useless appendages of society because they are imperfect. When we consider the immense advance which courts have made since the days of Howard, when corruption stalked abroad at noon day, and justice was too often measured by the size of the bribe the parties were enabled to offer, we must be perfectly satisfied of its onward march towards truth and the best civil interests of mankind. So of the profession of medicine; as luxury and a general departure from the

primitive habits of our race, began to make their inroads upon the human constitution, it became necessary to find some means to repair the consequences of the transgression of the laws of physical life. Out of this necessity, medical science was born, and amid its thousand difficulties, it has steadily progressed, stemming, as best it might, the torrent of disease and death which vice and luxury have so fearfully accumulated upon it.

How stands Theology relative to varieties of opinion, and this too in christian lands, which of all others we should suppose would boast of their uniformity of faith and practice, founded as all opinions are, upon the infallible and inspired record of the Most High, a volume open to all and free to be judged by all: and yet we find an almost endless variety of opinions. It is said the world has more than five hundred sects, from the most ultra follower of Calvin, to the most wayward and liberal christian speculator. Each and all maintain, with the most untiring zeal, the truth of their several opinions. Perhaps more intellectual labor has been expended, more suffering and torture inflicted, and more blood and carnage exhibited before high heaven, in the vain attempt to make men believe alike, than upon any one subject known in the history of our race. The rack, the dungeon, the stake with fire and faggot, the inquisition with its secret terrors and the guillotine are familiar instruments which have been most fearfully used to promote religious uniformity.

Now where at least in christian lands, all appeal to the same record for their faith and still entertain such endless variety of theological opinions, is it any marvel that men, investigating a living, thinking, intelligent being, with all his idiosyncracies, sympathetic relations, and peculiarities of constitution, with the ever changing character of his diseases as dependent upon season, climate, and miasmatic causes, is it any marvel, I ask, that differences of opinion should exist, at least when, in our investigations of life, its causes and phenomena, we must examine the dead subject, for whenever we invade her sanctuary to scrutinize her mysteries, the coy priestess has fled, and we can only examine the wonderful structure she so recently inhabited.

It is true we have had our forming and transition period, in which hypotheses luxuriated, and imagination wove her dreams of gorgeous imagery, but the cycle of their reign has departed, and

the Goddess of Medical Science now admits her votaries to her shrine, only by the slow and patient steps of induction, and any article entering her therapeutia must pass the ordeal of scientific analysis and rigorous experiment. Such being the fact, we may challenge the world to produce a body of men, of any thing like their numbers, with better cultivated minds, embracing a wider range of scientific attainment, or any profession, which by patient toil and profound research, is in possession of more substantial material on which to rest their claims to the consideration of mankind, than the profession of medicine; and we may add, the future permanence and well being, among the literary and scientific associations of the world.

But perfection in any thing is not to be looked for in this our imperfect world. Why then must the profession of Medicine be branded with uncertainty and doubt? Why must the world pass by the other great professions, to slander those who in the hour of distress, are looked upon as angels of mercy? Is it not because we cannot *always* save? If such is the case, all should remember that it is appointed unto man once to die, and no skill of the profession can thwart the will of the Almighty.

But, gentlemen, there is another point to which I wish to call your attention, as exercising a very important bearing upon the success of the Physician. I mean the constant tendency of our race to transgress all the laws of life and health. The human mind has been tortured from time immemorial in devising ways and schemes of physical debasement, till sound health is nearly unknown or known only as the exception, not as the rule. Now if we lived to nature, there would be no good reason why our physical constitution might not be as sound as that of the lower animals.—But so long as we pamper the appetite and gorge the stomach with indigestible compounds, and inflame the blood with narcotic stimulants, we may expect to see ruined constitutions and a low, depraved condition of health. All the skill and ability that the world can command, will not suffice to stem the torrent of disease, degradation, and death, generated by highly seasoned viands and the thousand forms of Alcoholic poison, administered under the delusive names of cordials, wines, brandy, gin, and the whole range of still-house slops, from the best Albany Ale, the united product of dead animals, cocculus indicus, and other deleterious compounds, down thro'

the whole train to Lager Beer, on which so many stupify their brains and ruin their health. Under such a course of training, the constitution is continually becoming undermined, while the organs are stimulated to perform, although very imperfectly, their functions, till nature refuses any longer to work, and the patient thinks he is sick, and malaria, atmospheric vicissitudes, hard work, or some other excuse is relied upon, as the procuring cause of the malady, when in a large majority of cases, the whole difficulty arises from one of two causes; either from defective organization, inherited from parents or remote ancestors, as the direct consequence of transgressing nature's laws, in the language of holy writ, the sins of the father being visited upon the children to the third and fourth generation; or it may be to their own neglect of the general laws on which life and health depend. It is to such debased or defective constitutions that a large portion of your investigations will be directed. What marvel then that the physician is not always as successful as could be wished.

Now, while we may safely admit that perfection is not to be found in *our* profession, so we claim that quite as much uncertainty and doubt hangs over a suit at law or any of the peculiar creeds in Theology. While then the law is gradually freeing itself of its musty cobwebs of error, so long sanctified by the lapse of years, and looked up to as venerated authority, so on the other hand, as more light dawns upon the human mind, the true relations of man with man become better understood, new principles are evolved, and justice in the very nature of things, becomes better administered; for with such a mass of active, intelligent minds acting upon any subject, it would be anomalous if advancement were not visible in its course.

So too with theology. Religion, that golden chain that encircles the universe of intelligent being, how has it been perverted and its fair form calumniated! Still, with all the errors of earth's mistaken children, it has been the solace and comfort, more or less, to its votaries in the darkest hours of trial and suffering, it has made soft the pillow of the dying; nay more, it has shone as a pillar of fire to guide a wandering and ignorant world towards its ultimate destiny of virtue and peace, and illumined with transcendent splendor the path from the couch of the dying to the mansions of repose and happiness.

And, as with Law and Divinity, so the Science of Medicine, though cradled in an age of ignorance and superstition, born of necessity, nursed by her mother, true benevolence, has through all her devious wanderings, still approximated to the grand polar star of truth. The errors of each preceding age, have been discarded by a subsequent one, while truth, which is alone immortal, has remained as so much capital stock, to assist in the farther prosecution of the subject. In this way, although false theories and false opinions may become current and rule the passing hour, yet time and experience consign them to their merited oblivion ; while whatever of truth was mixed up with them, becomes sifted out like the gold of California, and remains immortal.

Then gentlemen while you will respect your chosen profession for its antiquity, its erudition, its energy and untiring perseverance, its literature, and its scientific attainments, still you will remember that truth is to be the guiding star of your life. Although your predecessors have achieved many triumphant victories, still the Ultima Thule has not been attained, and it is your duty to add something to the common stock and to make the profession better for your having been associated with it.

When you look around you, and see the teeming earth every where putting forth her green and gorgeous treasures, inviting scrutiny and investigation, the mineral and animal kingdoms with their mysterious agencies so profusely spread out, demanding scientific research, you may in some measure comprehend what lies before you. Who can tell but that in some plant, shrub or tree neglected as useless, may reside a subtle element, that shall stay the destruction which the softened tubercle and scrofulous deposit are making upon the delicate structure of the lungs, and cause the bloom of health to revisit the cheek so recently decked with the hectic flush that bodes only of the tomb ; or some antidote may yet be found, that shall do for the Asiatic Cholera, that dreadful scourge of nations, what vaccination has done for the Small Pox.

The world is full of agencies not yet even dreamed of, that shall prove as potent to the science of Medicine, as electric telegraphs now are to the transmission of news, or the steam engine to perform the ponderous tasks which modern civilization has assigned to its iron sinews.

Then, gentlemen, let us devote ourselves to this subject not in

KNOWLEDGE—*Duties of Medical Students.*

...transitory mood, but with a life-long ardor, and we shall accomplish something worth living for; the science of Medicine may be enriched by our labors, the best interests of our common humanity may be advanced, and our names may descend to future generations as in some degree benefactors of mankind. Remember that this is demanded by your own best interest, by the high expectation of your friends, by the honor of the profession you have assumed, and the vital necessities of a diseased and suffering world.

But gentlemen, there are other duties that pertain to the physician than those of a professional and scientific character. He is to sustain moral and social influences upon the community in which he lives, and as such should be prepared to act his part with intelligence and fidelity in all its social, moral and intellectual relations.

* * * Every community has intellectual interests which will more or less demand the care of the educated physician as a prominent member of society. It is a duty society demands of the man, as well as the physician, and should be faithfully performed to the best of his ability.

Ignorance is the parent of degradation, and he who would elevate his race in the scale of moral being, must devise ways and means of educating the masses, for in this way alone can the public mind become disenthralled from false opinions, false systems, and base and immoral practices. These are based upon and find their aliment in gross ignorance. Let the masses be well educated, let a sufficient amount of moral and intellectual aliment be continually furnished them, and the depraved animal appetites will constantly decrease as the moral and intellectual are elevated, till the slave of them shall become emancipated, a renewed moral and intellectual being.

What object more worthy of a high-minded benevolent physician than the elevation of society by moral and intellectual training?—If all would but devote a portion of their leisure to this subject, in the daily intercourse with their fellow men, an amount of good might be achieved that should tell upon the best interests of our race; and as a small force, acting upon atoms of water, may be communicated from particle to particle in the wide ocean, till it reaches some far distant shore, so such efforts, acting upon the mass of mind, may be felt by generations yet unborn. You are there-

fore to labor for the well being of society, and in that particular imitate the Friend of sinners, who went about doing good.

Here our profession differs from all others, for in all the higher or more philosophical relations of our profession, our success is against the pecuniary interest of the physician. In our prophylactic and hygienic investigations and regulations, our success is calculated to lessen the amount of disease, and consequently the business of the profession, and yet these very labors are always gratuitous. Who constitute the boards of health of your cities but physicians, and that entirely without emolument, while city attorneys and all other public functionaries are amply remunerated? Who has thrown a wall of defence around the inhabitants of the world to protect them from the ravages of the small pox? Physicians. Who have been the pioneers and supporters in the science of Chemistry?—Who have been the largest contributors to and investigators of geological science but physicians, and have they not done much more than any others in the investigations of Zoology, Botany, Natural History and Vegetable Physiology, besides attending to all that pertains to their immediate profession? Who, let me inquire, has pointed out with such faithful accuracy the pernicious consequences of alcoholic potations upon the human stomach, the brain, the liver, and the circulating fluids of the body, as physicians?

Here, gentlemen, in your intercourse with the world you have an important duty to perform, which if you neglect, you are recreant in your moral duty to society. You must not fail to throw the whole weight of your moral and professional character against the use as a beverage of alcoholic poison. Society demands it of you, first by example that you touch not, taste not, handle not, the seducing poison: this is your first duty, and the second is like unto it, inducing others to do likewise. For when we consider the intimate relations which the family physician sustains to his patrons, and the influence for weal or woe he may exert upon them, how fearful is his responsibility if he be found wanting in this vital quality, of a true friend and safe counsellor! If by his example, he encourage the debasing habit, he may live to feel his own degradation, in the person of a ragged, bloated, imbecile wreck of his former manhood and prospects; or even worse, he may see those who have followed his base practices, the young, the beautiful, the intelligent, filling one after another a drunkard's grave; and it may be

the number shall be of his own household, or his own flesh and blood.

Here then, gentlemen, see that you do your duty and your whole duty; see that you are living, acting, aggressive embodiments of temperance and sobriety; demonstrate to the world the impolicy and mal-practice of the use of alcoholic stimulants as a beverage, and deal as sparingly with it in practice as you would with strychnia, arsenic, or hydrocyanic acid. Let me assure you there is no practice so dangerous to the well being of a patient who has ever been an inebriate, as to give him alcoholic stimulants in the low stages of fever; hundreds under such circumstances have risen from the sick bed, only to plunge deeper than ever before into the abyss of drunkenness and degradation, linger on a few years a living monument of disgrace to their friends, themselves and society, to die at last with that terrible disease *Delirium Tremens*, where the demon of Alcohol revels in satanic glee amid the broken columns, dilapidated arches, and fallen fanes of the soul's temple. Great God, what a wreck! who can contemplate such a scene without emotion, and who can say it had not been far better to let such a patient die, bequeathing the glorious light of his good name to his wife and children, than to live on till the last vestige of reputation has departed amid his bacchanalian revels and drunken orgies.

Ponder these things, gentlemen, and remember that knowing all this, you are in duty bound both to yourself, society, your country, and your God, to use your best influence to dry up this evil which has so long poured disease and death among the sons and daughters of men. * * * Our duty in the premises is plain to a thinking mind; let us make our profession one of progress, in the best sense of the word; seek for truth, wherever it is to be found, whether it be of plebeian or patrician origin; discard error when proved to be such, though hoary with years and stamped with venerable authority. Demonstrate to the world that the regular profession is far better than any of its off-shoots, that we have a larger experience, a more complete *materia medica*, and that our success in practice is more uniform, based upon better principles, and less hazardous to the lives and constitutions of our patients. Let us keep this object in view, appropriating truth, whether found among the packs and douches of Pressnitz, the anti-mineral compounds of the Eclectics, or the cayenne pepper, lobelia,

and steam of the disciple of Samuel Thompson.—truth, and only truth—discarding the errors of each and all, but relying mainly upon the great store-house of Nature for our *materia medica*, investigating the laws of life and health with the calmness and breadth of thought of the true philosopher, the patience of an anchorite, and the zeal of a devotee of science. Then we may smile at all attempts to overturn our profession, or even in any degree to permanently mar its prospects, or stay its onward march toward perfection.

A CASE OF PUERPERAL FEVER.

BY P. VAN PATTEN, M. D.,

In approaching a case of Puerperal fever, I confess an inability to divest myself of an apprehension as to the termination of the attack, which the management and care of no other disease induces. All the phenomena and attendant circumstances are of a peculiarly exciting and painful interest. The history of the disease—the mournful tablet to which the anxious mind of the practitioner, reflexively and regretfully reverts, the moral associations, which, *ex necessitate*, are substantially identical in each individual instance, all combine to render it a matter of fearful import and highly unpleasant nature. No man possessing an ordinary modicum of the nobler sensibilities that dignify “poor human nature,” still less, no legitimate and worthy disciple of *Æsculapius* and *Hippocrates*, can aught than desire to witness a reasonable and successful practice instituted in child-bed fever, an affection too justly classed among the *opprobria medicorum*. I say reasonable treatment, since it has escaped the observation of none, that in no other difficulty are there more temptations presented to pursue an experimental, (and toward the close) a vacillating course.

I wish not to obtrude *my* experience as a finality, nor *my* deductions as infallible; let them be criteria, only in so far as their correctness and utility are vindicated by collateral facts and extended observation; they are thrown out simply as passing notices to be accepted or rejected as my brethren deem most proper.

“A humble tribute to a worthy cause,
Is made less humble by its good intent.”

As an exemplar of some of the graver features sometimes witnessed, I record the ensuing :

April 20th, called to see Mrs. M——, a lady of nervo-sanguine temperament, æt. 24. Two days previous to my visit, she was delivered of her second child, and being attended by an ignorant midwife, had suffered serious inconvenience from recklessness and mismanagement. The labor had been tedious, and from the particulars detailed me, it must have been a case of inertia of the uterus, depending upon an excessive accumulation of liquor amnii. Frictions, inunctions, *et id omne genus*, had been resorted to with an unsparing hand, with a vigor and pertinacity which would be commendable, were physical power and perseverance the essential elements of treatment demanded in emergencies of the nature considered. Under such violent and ill-advised manipulations the woman could not otherwise than suffer ; the continued grasping of the abdominal parietes, the contusions experienced by the contiguous serous membranes and viscera, all tending to invite an undue afflux of blood, and establish the conditions provocative of inflammation. How sad to reflect that ignorance of rudimentary principles of treatment in these cases, involves a degree of suffering and danger of life which might all be obviated by a timely rupturing of the membranes, a simple and expeditious procedure.

I found her affected with acute pain in the hypogastric and iliac regions, with occasional lancinating pains in various parts of the abdomen ; these upon pressure were aggravated to an intensity almost unendurable ; skin hot to the feel, the pulse at 160 per minute, small and wiry—bowels constipated, with diminished secretion of urine. The lochia partially suppressed, considerable heat in the vagina and os uteri—heavy, dull pain in the lumbar region, tongue dry, and covered with a yellowish fur—thirst excessive. Decubitus, supine, with the knees slightly drawn up, countenance anxious and contracted. Here, indubitably, was a case of metro-peritonitis ; I proceeded at once to venesection *pleno rivo*, until the pulse began to rise, feel softer, (it is important to recollect that a small, depressed and rapid pulse is not an evidence of extreme prostration in this disease,) and to become less frequent. About 40 oz. of blood were abstracted—a free Gordonian bleeding, it will be allowed. Under this treatment, the pulsations fell to 130, together with a cessation of delirium ; the skin became somewhat moist.

and within thirty minutes, there was less complaining of pain and general distress. Fomentations were next ordered—these to consist of woollen cloths dipped in boiling water, wrung dry, then to be folded two or three times to retain the heat, and applied over the whole extent of the abdomen; to be frequently changed; likewise saline pediluvia, *pro re nata*. Several days having elapsed without any alvine dejections having been obtained, I deemed it best to waive the usual mercurial and opiate treatment, and give instead, after having quieted the stomach by the application of sinapisms over the scrobiculus cordis, etc.

- R Proto-Chlor. Hydrarg. grs. xl.,
 Jalap. Pulv. grs. x.,
 Aqua. q. s.,
 Misce,
S. To be taken at once.

Some advocate the opinion that a free catharsis is not to be induced in cases of peritoneal inflammation, on the ground that the peristaltic action of the intestines tend to aggravate the phlogosis, by inviting more blood and by disturbing the patient too much.—But surely any temporary afflux thus produced, would be amply compensated for, through the removal of a persistent cause of engorgement and inflammation, which a loaded and closely constipated bowel would inevitably involve—the consequent relief afforded to the absorbent system, &c., to say nothing of the sedative tendency in favor of the stomach and brain. In accordance with this view, after waiting three hours in vain, for some evidence of intestinal action, I exhibited three drops of Croton oil in a teaspoonful of syrup. At the expiration of an hour and a half, no catharsis being effected, the Croton oil was repeated and increased to five drops; the response was prompt and free. The following was then exhibited.

- R Proto-Chlor. Hydrarg. grs. xlv.,
 Opii, Pulv., grs. xviii.,
 Ft. Chart, jx.,
S. One to be taken every two hours.

The above to be continued until the narcotic effect be pretty strongly marked, and then to be given every three hours; an effervescing draught to be used freely.

21st. I found my patient better. Skin moister, pulse at 120, respiration slower, pain still present but less severe, dorsal decubitus as before, nausea entirely gone, thirst slightly abated and the lochia returning. The powders had all been taken. This time I directed,

R Proto-Chlor. Hydrarg, grs. xl.,
 Opii, Pulv., grs. xvj.,
 Ipecac, grs. viij.,
 Ft. Chart, viij.,

S. One to be taken every three hours.

Left with instructions if the pain, &c., became aggravated, to acquaint me with the fact.

22d. All indications decidedly favorable; no pain present; some tenderness and flinching upon pressure, but this was to be expected. Skin moist, yellowish appearance of tongue changed to a slight whitish coating—pulse at 86, no nausea, diminished thirst, lochial discharge in sufficient quantity. The urine also was more copious and of lighter color, one alvine dejection had been obtained during the night. The anxious expression which previously characterized the countenance had yielded to a more placid appearance. Decubitus on the left side.

R Doveri, Pulv., grs. xvij.,
 Quinine, Sulph., grs. xij.,
 Magnesia, Calc., grs. xx.,
 Ft. Chart, vj.,

S. One to be taken every four hours.

This to be repeated the next day, late at night. Mass. Hydrarg. grs. xvij to be taken and followed with Ol Ricini, q. s., provided that no action be obtained by 8 A. M. of the following day. The effervescing draught with demulcent drinks to be used interchangeably. Thinking personal attendance no longer requisite, I directed Mr. M—— to acquaint me with progress day by day.

26th. I was sent for in haste to visit my patient again. She had been doing well in the interim since my last call until this morning; her appetite was becoming good, febrile symptoms disappearing, and nothing unfavorable had manifested itself until a few hours before my arrival. Trusting too much to a rapid convalescence, she neglected my dietetic rules and indulged her appetite, and also imprudently exposed her health by rising from her

bed and passing over a damp floor. Severe abdominal pains again present, emesis frequent and violent, the matter ejected being apparently bile and altered mucus of acrid character, pulse at 160 and very small, respiration at 36—lochia entirely suppressed, decubitus unfavorable. Here a question arose in my mind as to the propriety of further venesection. Although my patient was debilitated and the attack secondary, there were two considerations not to be lost sight of, viz: that the inflammation was confessedly sthenic, and my patient young and of full habit. The lancet was used, and some 20 oz. of blood abstracted, the pulse softer, attended with an increase of volume, and fell 40 pulsations within an hour, thus triumphantly vindicating the treatment. A blister was applied over the hypogastric and right iliac region, also sinapisms to the stomach, warm cloths to the vulva, pediluvia, &c., as before.—The subjoined was exhibited.

R Proto-Chlor. Hydrarg., grs. xxxij.,
Morph. Sulph., grs. lv.,
Ft. Chart, xij.,

S. One to be taken every two hours.

27th. My patient feels better. Gums tender, pulse ranging at 100, pain greatly diminished, very little nausea, skin not so torpid, bowels in a soluble condition, and the lochia returning, tongue not heavily coated, but rather too pointed and red at the tip. The ensuing was directed,

R Proto-Chlor. Hydrarg. grs. xxiv.,
Magnes. Calc., grs. jv.,
Opü Pulv., grs. xij.,
Ft. Chart, xij.,

S. One to be taken every two hours.

28th. Pulse at 94, soft and full. Pretty freely salivated, stomach quiet, with gentle diaphoresis, pain nearly absent, thirst moderate, bowels open—a general amelioration of all the symptoms. I prescribed accordingly. Upon visiting Mrs. M—the next morning, she was as nearly as could be determined, in *statu quo*, though of course, relatively worse, (these stand points are not agreeable to the practitioner,) and here the case began to assume a more unfavorable aspect than at any time before. In a few hours the pulse rose to 120, notwithstanding the presence of what was deemed a judicious anti-phlogistic course, (active depletion being at this late stage inadmissible) and for several days occupied

a varying range between that point and 100, accompanied with a partial return of the abdominal pain. Distressing and frequent vomiting was once more added to the list of symptoms. The tongue assumed a darker color, sordes accumulated on the teeth, respiration more frequent, with occasional singultus. Abdomen tympanitic, uterine discharges horribly fetid. The case was growing worse, the system cachectic; an asthenic inflammation had obtained. After a review of my therapeutics, I could not accuse myself of mal-practice, but the treatment *must* be modified. After applying "flying blisters" over the stomach, she was directed,

R Ol. Terebinth, ʒss.,
Tr. Opii, gtt. xxx.,
Mucilage, ʒj.
Ft. Haust.

This to be repeated every four hours. Local applications, hygiene, &c., as at first. It would be tedious further to pursue the conduct of this case. By the use of opiates, terebinthinates, &c., with an *early exhibition of generous wine*, and light, but nutritious food, the lady recovered.

It may be thought that the treatment instituted was rather heroic. While the patient was before me I did not think so, nor can I at this date, upon a retrospect, believe it. Let us see. She bore depletion well, an incubus appeared to be thrown off the circulation—the biotic powers rallied; innervation, secretion and absorption conclusively proved it in each instance. Why a sthenic inflammation merged into an asthenic condition under such auspices, is more than I can divine; for evidently, the treatment was not wholly depletionary and exhausting. Perhaps it is referable to a changed condition of the blood dependent upon the absorption of deleterious agents from the diseased tissues, added to depressing influences which a continuance of the disease would necessarily involve.—That the constitution of the atmosphere was a causative agent in this example, would be ruled out, on the ground of the indubitable fact that the inflammation was sthenic at its advent, and markedly so even after the relapse. Due attention had been given to the management of the sick room—no noxious effluvia had existence in the neighborhood—no local cause whatever, in so far as could be discovered, for the induction of adynamic manifestations. Due attention had been given to the removal of acrid substances from

the vagina and uterus, by emollient injections, as I believe that negligence in this respect is apt to be attended with pernicious results.

It is true that an asthenic condition frequently follows its opposite; of this we have examples daily, but cases like that recorded above are rare. The sudden accession of graver symptoms, and the extreme prostration witnessed, could not have been anticipated reasonably, during the first and second stages. We must be satisfied with placing it among the inexplicable phenomena whose *arcana* may yet be patent; in the meantime deriving all the benefit from it which is practicable. Two practical hints may be deduced, viz: to watch the character of peritoneal inflammation jealously, and commence a roborant treatment early.

Walnut Camp, Arks., Sept. 6th, 1854.

CASES IN PRACTICE.

BY D. L. MCGUGIN, M. D.,

Prof. Physiology and Pathology in Iowa Medical Department.

CASE I.—Mrs. P——, pregnant with her eighth child, had been a sufferer from dysentery for the period of sixteen days, at the end of which time I was consulted. I found her in such extremity of suffering, that she could not give me a satisfactory history of her case. She had suffered much from dysenteric discharges, and the attendants stated that during the above period, a number of times every 24 hours, the paroxysms of suffering were as great as the aggravated character which they then presented. I found her tossing, and rolling over the bed, in the most indescribable torture, evidently paroxysmal, but the intermissions short and incomplete. Although a woman of full habit, her pulse was frequent and feeble, numbering 140 to the minute. The tongue was slightly furred, and the expression of her countenance was one of great anxiety. She had slept but little during the above period; there had been distressing thirst for the past few days, and all her symptoms indicated great exhaustion. The dysenteric discharges were not remarkably frequent, nor were they of a character indicating much lesion of the lower bowels. The character of the suffering indicated to me that labor was then in progress, and the history of her case led to the belief that this had been the cause of her suffering

for many days, and perhaps from the first, as she was strongly impressed with the opinion, that her term closed with the advent of her suffering. The "touch" discovered the os uteri dilated and dilatable, but looking backward toward the sacrum, and laterally to the right iliac fossa. I concluded at once that here was an anterior and lateral obliquity. An examination into the form and situation of the abdominal tumor, showed that the position of the uterus was to the left, and anteriorly, and also that there was very great laxity of the abdominal walls. The tumor was unusually large, nor did the examination reveal that the usual distension was owing in any great degree to over accumulation of liquor amnii. The fibres were contracting somewhat firmly, and revealed to a certain extent the form and position of the foetus. This would not have been obtained, had there been a superabundance of the waters. The foetus was living, as the pulsation of the foetal heart was plainly perceptible.

The indication was now plain enough, and a proceeding was adopted in consonance. The change of position of the patient upon her back, and the adjustment of a broad roller over the abdomen with some firmness, were but the work of a moment. The bandage over the abdomen was to supply the requisite support which the abdominal parietes, by their extreme laxity, refused to afford. In a short time the pains increased in force, the propulsive effect was made evident, and in half an hour a healthy child of twelve pounds was born. In a few days the dysentery ceased under remedies, and she continued to improve.

This woman was doubtless in labor for some time, but the unavailing propulsive efforts were followed by a surrender of the uterine fibres after each, to be renewed after a regular period to another fruitless trial. Thus it continued, and thus it would have continued, unless accident had placed the uterus in a situation and relation to the axis of the pelvic cavity, or until her strength would have been exhausted, and the foetus not yet delivered. This case is suggestive of a wise caution. In protracted labors we should enquire into all the particulars, with the view to the discovery of "all and singular" the causes arresting the labor in any of its stages. As already intimated, there was not half the usual quantity of the liquor amnii, the placenta followed promptly, and the uterus contracted readily and fully.

There is another fact or two worthy of notice. The dysentery existed during the sixteen days above mentioned, but the paroxysms of suffering which appeared from the first, were not always an attendant circumstance upon the fruitless and unavailing attempts to evacuate the bowels. Below the situation of the os, the rectum appeared congested, thickened, and highly sensitive, when even gently pressed upon. Now what agency had the local pressure upon this portion of the rectum in the production of these repeated and painful peristaltic movements? My opinion is that this unusual, special, and severe compression was the entire cause, for following the delivery, in a few hours, there were several large scybalic discharges, and these continued for some hours at intervals, after which the dysenteric symptoms ceased. It were useless here to refer to the fact of the retention as one cause of irritation, the special compression amounting probably to almost an obliteration of the intestinal tube at that spot in its length as the chief, and how much of irritation was produced by the highly vascular condition of the rectum below the pressure. In this case one difficulty was produced by and followed another, each of which was in itself sufficiently serious, but both subsiding upon the removal of the first.

CASE II.—Mrs. S——, nursing a healthy vigorous child, who had recently been gifted with a pair of fine incisors, and who after repeated trials of their peculiar qualities, had succeeded in producing an abrasion near the nipple, and in a spirit of *mal prepense*, had continued to keep up the abrasion, and was attacked with a severe chill, followed by a most extravagant paroxysm of fever, attended with great heat of skin, thirst inappeasable, and wild delirium.—The breasts were examined, when this abrasion was detected, beyond which and extending to the axilla, a red blush was seen, an evident tumefaction and excessive tenderness; a manifest case of milk fever, as the reader will readily perceive. A brisk cathartic was given, the breast was elevated and secured so as to relieve the milk tubes of the mammæ in the part above indicated, the affected part painted freely with the alcoholic tinc. iodine, an emollient poultice applied over all, directed liquor morph. comp. gutta xx, after the action of the cathartic and the subsidence of the fever.

Next morning found her without fever, mammæ less painful, cathartic had acted freely, the anodyne had its desired effect, and

she continued to improve without any further difficulty with the breast; since then has had several paroxysms of the same kind and character, and relieved by the same means. The abrasion was the cause each time of the paroxysm, by the irritation extending along the milk tubes and arresting the flow of the milk; but care was exercised to encourage the discharge by frequent exhaustion by nursing. A reluctance to the use of any application to the abraded surface, permitted it to continue a source of irritation—the collodion having once produced some painful sensations.

CASE III.—Miss J——, had during the summer suffered from a severe attack of cholera, which was followed by fever of a low type, attended with gastric symptoms. The fever having subsided, the gastric symptoms remained, a serious impediment to her recovery. The appetite was not only impaired, but entirely lost, and the stomach so irritable that the bare mention of food awakened associations which disturbed the repose of the stomach, and eructations would at once occur. These occurred when the blandest food was taken. The tongue was red and contracted at tip, the face and lips pale, pulse 120 to 140—great emaciation and prostration, extremities often cold, bowels constipated, great thirst, restlessness, great irritability of mind and despondency. Every means was used internally and externally to relieve the irritability and restore the tone of the stomach, an enumeration of which would extend this report to a needless length. Suffice it now for our purpose to say, that it was apparent that unless something was devised to meet and control this local difficulty, inanition and death must soon follow.

In this dilemma the Trisnitrate of Bismuth, with the compound aromatic powder, was prescribed with the happiest results, as she began to convalesce after the first administration. The following was the formula:

R Trisnitrate Bismuth, grs. ij.,
Pulv. Arom., Com. grs. ij.

M

To be given three times a day. The eructations ceased, the appetite returned, and with the aid of gentle tonics and stimulants, she began rapidly to improve, and continues to convalesce. This is not the first or only case in which we have found this drug of value

in the treatment of diseases of the stomach, attended with a loss of tone.

CASE IV.—Mrs. B——, a young lady married for some years, but had never conceived, labored under dysmenorrhœa, and afterward severe leucorrhœa, both of which increased in time. The speculum revealed a deep fissure in the posterior lip of the os uteri, with an hypertrophied condition of the neck of the uterus and of the lips of the os. The fissure was twice touched with a solution of the iodide zinc, 1 scrup. to the ounce of distilled water, and then after adding double the quantity of water, it was afterwards used as an injection once a day.

There was an anæmic condition attending, for which the syrup of ferri iodide was used three times each day persistently. The last monthly catamenia was without pain, the first for several years—the leucorrhœa almost entirely ceased, the lips showed a better supply of red corpuscles in the blood, and the spirits a great improvement. A tactile enquiry shows a decided amendment in the condition of the neck and structure at the os. The iodine zinc has succeeded well in our observation in a cure of purely vaginal leucorrhœa; we think it has strong claims to favor in these troublesome but frequent afflictions.

CASE V.—Mr. E——, of this city, complaining of tooth-ache, concluded upon its extraction, and applied for that purpose to a surgeon dentist, who, before he had commenced an examination of the condition of the tooth, noticed that the patient exhibited some irregular motions of the limbs and in the muscles of the face and neck. The dental surgeon regarded the phenomena as those of chorea, as the feet moved in various directions, and the hands and arms as if turning a crank. The jaws were however soon closed, so much so as to make it difficult to indicate that he desired medical advice, or whom to send for. At this juncture the dentist prudently applied a bottle of chloroform to the nostrils with some relief, and when we arrived the patient was in a complete rigor, his chin quivering and his teeth chattering, as if chilled with cold and unable to speak. A bunch of carded cotton was sprinkled with chloroform, rolled in a kerchief, and applied around the neck, which was soon followed by relief; as soon as the patient could speak, he described the drawing of the muscles of the neck and face, the oppression at the chest, and his imperfect breathing as

most excruciatingly painful. As soon as he was able, he was conveyed to his home, about a square's distance, when an anodyne was exhibited. Fearing a return of the symptoms, we insisted upon the extraction of the tooth, for which purpose the dentist was sent for, and it was extracted. Since then, he has had no return of the symptoms, which, from the subsequent relation he gave, were evidently tetanic.

The fomentation of the chloroform, and the small amount breathed into the lungs, acted most promptly and efficiently in controlling the spasm.

CASE VI.—C——, a boy of nine years, was placed under our professional care for conjunctivitis. The history of the case showed that there was a proclivity to this disease, as he had suffered from previous attacks. He was placed under alteratives, and the lids of the eye closed by adhesive strips, and lint placed in the orbit and confined there by a bandage so as to exclude the light effectually. In a very short time the inflammation subsided, and the eye entirely recovered. There was at the time we first saw it, a nebulous formation at the margin of the iris, which was in an incredibly short time entirely removed.

CASE VII.—Mrs. H——, an elderly lady of 65 years, had suffered for ten days from severe paroxysms of pain, beginning at 5 o'clock in the morning, lasting for an hour or two, during which the suffering was almost unendurable. The pain would begin simultaneously in the iliac and sacral regions, and then down the course of the ischiatic nerve of the right side.

The tongue was furred, the skin and eye icterode, appetite poor, the bowels constipated, the dejections clay colored, the urine scanty and colored almost a brown, bowels distended, and pain upon the gentlest pressure over the whole surface of abdomen, pain above the orbital arches, and coldness of the extremities particularly during paroxysms.

Diagnosed, a diurnal intermittent, complicating neuralgia of the sciatic nerve of one side, and those distributed over the abdominal parietal walls. Prescribed:

R Mass. Hyd., iij.,
 Pulv. Opium, }
 Pulv. Ipecac, } aa j.

Fiat pilula given at bed time, followed in the morning by

R Ol Ricini, 3j.,
Ol Terebinth, 3ss. M

given at one dose. Should this move the bowels freely, then in three hours give one of the following powders, to be continued with the same intervals :

R Sulph. Quinia, 3ss.,
Pulv. Ipecac comp. grs. xv.,
M. Divide in Chart, no. xv.

This treatment was persisted in, during the three following days, with entire relief.

EXPERIMENTS WITH INDIAN HEMP, OR HASHISH.

BY KIRTLEY RYLAND, M. D., KEOKUK.

The *Cannabis Sativa*, from which Bang, Hashish, Churrus, and other intoxicating agents are made, is a native of India, but differs in no essential particular from the common hemp plant of the western States, which doubtless possesses the same qualities as an intoxicant.

In Hindostan, Arabia, Persia, and other countries of the East, Hemp has long been employed for the purpose of intoxication.—The parts used are the tops, and a resinous matter which exudes from the surface of the plant. The tops are known as Gunjah, and the resin as Churrus.

In this country, an extract of the dried tops is made, and in this form it is used in medicine. Its use by the physician is however very limited, and very little is known concerning its effect in disease. Dr. O'Shaughnessy, of Dublin, has recommended it for sundry diseases where narcotics are indicated. The United States Dispensatory says, "it resembles opium in its operation, but differs from that narcotic in not diminishing the appetite, checking the secretions or constipating the bowels.

Having thus given a brief account of the Hemp Plant, and the preparations of it, I will now relate my own experience concerning it.

In March, 1854, whilst residing in St. Louis, I had several conversations with a young medical friend concerning the remarkable properties of hemp, and we finally determined to try the effect of it in our own persons. Accordingly we fixed an evening, and he

procured a quantity of the extract, of which we each took a portion about the size of a pepper corn, and repaired to the theatre, in order to have the accessories of music, lights, and beauty, to our enjoyment.

Some time having elapsed, and perceiving no effect, I took another portion the size of the first, while at the same time my friend swallowed 2 pills more of the same description. In a very little time, I felt a slight dryness of the throat, and then a singular but delightful sensation creeping over me, which increased rapidly until my entire body quivered with it. Casting up my eyes, the vast dome of the Varieties, with its pictured ceiling, seemed to swell and dilate above me, the lights multiplied themselves into a thousand brilliant and beauteous forms, and cast a soft rose tint over the entire theatre, now apparently enlarged to ten times its real size; whilst the swelling music, and the lovely features, and sparkling glances of the fairer portion of the audience, rendered trebly charming by the marvellous Hashish, completed a picture of enchantment perfectly intoxicating in its gorgeous beauty. Ah! many a fair lady would give a goodly heritage, to be as beautiful as she seemed to my intoxicated senses on that evening.

And now the curtain rose, upon what was to me a company of sylphs and graces, but which was really a squad of very ugly ballet girls, and presently the heroine of the ballet bounded upon the stage. It is impossible to conceive the wondrous effect that the graceful movements and animated face of this magnificent danseuse, (Mademoiselle P——d,) had upon me; I seemed to be transported to fairy land, and yielded myself up to the delusion, and the feeling of satisfied bliss it occasioned. After a short time, the influence of the drug passed off, and during the whole time I was under its influence, regular intermissions occurred, during which, the appearance of things became natural. At this time I began to experience intense thirst, but feeling an aversion to water I procured some oranges, and sucked them, and never shall I forget the sensation which the first mouthful of orange juice produced upon me. My sense of taste was exalted a thousand times above its natural acuteness, and as the juice flowed over my tongue and palate, it caused every fibre of them to thrill with the most intense pleasure. It was the acme of sensual bliss. All my senses soon

acquired this preternatural acuteness, and impressions that before were scarcely noticed, now caused the most pleasurable emotions. Here I will speak of two of the most singular effects of Indian Hemp upon the mind: The first is the singular lengthening of time; events and actions that really occupied but a few moments, seemed to extend over hours, and yet there seemed no slowness of movement.

It is impossible for me to give a correct idea of this singular psychological phenomenon. It must be experienced, to be appreciated. The second effect of which I spoke, I can better illustrate with an example, than by description: I saw in an adjoining box a richly dressed and fashionable lady, whose hands I observed were of a very coarse and plebeian pattern. "Ah!" said I to myself, "there's a parvenu putting on aristocratic airs, but her hands betray her," and this simple and natural conclusion appeared to me a triumph of logical reasoning unapproachable in brilliancy and profundity! I was a long time in arriving at this conclusion, and as it gradually formed itself in my mind, I experienced the same feeling that must animate a philosopher when the light of some grand truth fraught with good to mankind, first dawns upon him. My mind was so occupied with sensations, as to be incapable of reasoning.

And now "a change came o'er the spirit of my dream." A laughing devil took possession of me; I laughed at everything; at what was grave and what was gay; at the ladies and at the men; at the pirouettes of the dancers, and then at nothing. One of the characters in the piece, a huntsman, whose part consisted in rushing in and interrupting the lovers at the most interesting moment, amused me greatly by his ludicrous pantemimic gestures, and his outlandish appearance. Every appearance of his caused in me a fresh burst of uncontrollable mirth, and I was on the point several times of rising and remonstrating with him upon his unseasonable interruptions and ridiculous conduct, but was restrained by my companion, who had, as yet, felt scarcely any effect from his dose of Hashish.

But little further change took place in my sensations, until we left the Theatre, when I became seized with a mortal terror. I thought I would never wake from the horrid trance I was in, save with dethroned reason, and I spoke to my friend of the hideous

consequences of such an issue to our frolic, but the laughing humor was upon him, and my gloomy forebodings received no other response than loud laughter; consequently I left him, and proceeded home.

Scarcely had I laid down in bed, ere there seemed to settle on and around me a huge cloud of lurid fire, which parched my throat and almost consumed my body with its fervent heat, and still I shrank from water, and could only alleviate my intense thirst with juicy fruits, apples, oranges and limes; quantities of which I had convenient. I have before spoken of the exquisite refinement, and acuteness of the sense and taste, which hemp produces. In addition to this, the appetite it causes, is perfectly marvellous. From eight o'clock in the evening, until two in the morning, I was eating constantly, and when at length my exhausted commissariat forced me to cease, I still felt as hungry as when I began. I would also remark, *en passant*, that hemp is *decidedly* aphrodisiac.

Shortly after lying down, I fell into a state between sleep and waking, in which material objects were lost sight of, and their places taken by the creatures of my own distempered brain.

“A thousand fantasies
Began to throng into my memory,
Of calling shapes, and beckoning shadows dire,
And airy tongues that syllable men's names,
And sands, and shores, and desert wildernesses.”

Through the long watches of the night, a sad and endless throng of gastly forms trooped across the red wall of fire that encompassed me. There came the dead of the battle-field, their gaping wounds dripping with gore, and their faces distorted with the death-agony; and then the shipwrecked, with garments wet with brine and the seaweed clinging to their tangled hair; and then the victims of the pestilence, their ghastly faces blotched with plague-spots, and their glassy eyes turned with a stony and horrible stare upon me, as I lay thrilled with horror at the dreadful thought that I should soon make one of that procession of dead men, with none to tell how I had died. Weeks, nay months, seemed to have rolled by and still they passed before me, until at last a huge figure stopped in front of me. As he gazed upon me, his form dilated and his eyes flashed with rage, I shrank from him, but with one spring he was upon me, his skeleton fingers grasped my throat and dragged me to the edge of a precipice. I was help-

less in his hands, and my parched throat could utter no cry as he hurled me into the black gulf below. Down, down I fell thousands of feet, until at last I became insensible and knew nothing more until I waked in the morning, dreadfully prostrated and unable to rise. The next day however found me as well as ever, with no desire to repeat the experiment.

What my companion's experiences were I do not very well know. He has often promised to write them out, but has never done so. To those who would know more of the wonders of hemp, I commend an article in Putnam's Magazine for April, 1854, entitled "Visions of Hashish." It is written by Bayard Taylor, Esq., and describes his experience in a manner worthy of the great De Quincey himself. But I should certainly advise no one to take it.

KEOKUK, IOWA, Oct. 27th, 1854.

DEPARTMENT OF SELECTIONS.

MENTAL DERANGEMENT—ITS SYMPTOMS AND TREATMENT.

BY ROGER G. PERKINS, M. D.

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(Continued from page twenty-five.)

The general physical health of patients suffering from partial mania, is good in many cases. Anæmia is the prevailing physical derangement, where any exists. The heat of head is sometimes noticeable on the advent of excitement, and the pulse is not unfrequently quickened.

Under this class it is proposed to speak of puerperal mania, though often the patient is *generally*, instead of partially insane. This form of mental derangement, so peculiarly interesting, inasmuch as it involves the happiness of so many and separate ties so closely woven, is connected invariably, as far as our observation goes, with a state of anæmia, and high, general, nervous excitement of the physical system. The onset of the disease may occur during gestation, parturition, or lactation. When seen in connection with gestation, it is easily confounded with an exaggerated hysteria; in fact, when occurring at this or any other period, it may be considered as a disease arising from hyperæsthesia, and therefore belonging to the same class as simple hysteria.

Had tendency to insanity been thought of, perhaps the tonics indicated by the anæmia might have been suspended, lest they might

add to the violence of the paroxysm. The cessation of tonics, in these cases, invariably proves disastrous. It is not proper that the consideration of the symptoms present in this form should be left without more marked reference to the propensity generally existing, to use filthy and blasphemous language—particularly the former. Ideas the most repulsive are constantly expressed; and a wanton exposure of the person, with sometimes a great desire for sexual intercourse, in many cases form the principal symptoms.—The continued congestion of the ganglia of procreation seems to react upon the cerebrum, and the language is influenced by it. It may be observed, in passing, that the same rule holds good in relation to the congestion of the ganglia of digestion; this state of things also reacting upon the cerebrum, ideas of foreign substances in the stomach are born, which ideas will continue until the cause is removed.

Typhomania is a form of insanity which has only of late attracted the attention of psychologists. As the name would seem to indicate, it consists of the worst symptoms of general mania, accompanied with a marked typhoid tendency. There is unwillingness to eat or drink; and all food as well as medicine must be forced upon the patient by means of “the wooden spoon,” a description of which will be found in that part of the paper which is devoted to the consideration of treatment.

The physical strength, when put in opposition to the attendants, where medicine or food is to be given, is oftentimes very remarkable. In the cases I have seen, there has been no suicidal attempt. The general employment of the “*camisole*” may, however, account for this fact. The mortality is very great, though more success has followed the exhibition of stimulants than any other treatment. Depletion would undoubtedly destroy the patient.

In regard to the nature of this form of mania, some have considered it an aggravated febrile delirium, some as mania complicated with typhus fever, others again as an hitherto undescribed form of mania. Our experience of typhus and mania in their ordinary and extraordinary forms, permit us to hold only the opinion that it is truly a form of mania, bearing the same relation to that disease as the pneumonia typhoides does to the pure pneumonia.

II. Having thus cursorily glanced at the symptoms of one of the principal forms of insanity, and having followed any peculiarities into the class in which they exist, it is proposed to proceed to the next form—*melancholia*.

Of all the physical causes, productive of melancholy the most frequent is dyspepsia among men, and disease of the cervix-uteri among women.

Diseases of the liver, of themselves, as well as in their connections with general digestive derangement, are a frequent cause.—Cancer, or even chronic inflammation of the stomach, are often pres-

ent as causes; and hernia in all its forms, may also be classed in the same category. Hypochondriasis is the first step toward melancholic insanity, in many instances; and when, at last, insanity is reached, the hallucinations are sufficiently ridiculous.

The condition of the melancholic is, whether the disease is of mental or physical origin, one appealing to our kindest sympathies.

It is seldom accompanied with violence, unless in opposition to medication and curative agents. When, however, violence occurs, the type of the disease is that of general or partial mania. Constantly hopeless and despairing; often weeping; sometimes gazing, in an apathetic indifference, upon vacancy; answering, when spoken to, in the most plaintive tones, and referring, at all times, to the cause of their heart-breaking sadness. This class of patients occupy a place in the world without *fitting* it, live neither in the present or future—contemplating only the past. Sometimes in melancholia from hypochondriasis, amid tears and moans, you are informed that a serpent is within the stomach, gnawing at the vitals; that crabs, shoemakers, poodle-dogs, fire, glass bottles, poisons, stones, laudanum, handkerchiefs, iron hoops, swords, in short, any thing you please, wasps, men and women, pepper, acids, etc., are in the belly; in another direction is one who assures you his legs are glass, and his head is a pumpkin. Here is seen the intimate connection between the ganglion of digestion and the cerebrum—the irritation of the one calling upon the other for sympathy.

III. *Dementia*, the third form into which we have divided insanity, consists either in complete incoherence or complete inaction (*amentia*.) The incoherence is too great to allow of the presence of “fixed ideas”—hallucinations—in the one case; and the total want of mental action, accounts for their absence in the other.—*Dementia* is rarely acute. It most frequently follows upon acute general mania, and treads fast after the melancholia of the affections. It is also a *sequela* of the melancholia incident upon physical disease, though not so commonly as of the other form, unless the brain is involved in the organic lesion.

A patient having dementia, not unfrequently has moments of acute mania; sometimes those maniacal periods extend over a longer space of time, and for a few days the exaltation may be a marked symptom. *Dementia*, however, soon follows, and the patient is as abject and stupid as ever: any hopes formed upon those sudden changes are seldom destined to be fulfilled.

This form of insanity has three stages: loss of memory, loss of comprehension and reason, and loss of instinct. The three stages merge into one another, and it often occurs that the transition from one to another is not noticed. In the first stage, the loss of memory not interfering with the reason, that faculty is only slightly affected; provided the premises are constantly before the patient, his reasoning is not deficient: thus, a game of chess, or draughts,

as the patient can have the situation of the men before him continually, is played by a patient in the first stages of dementia with a semblance of the skill which belonged to him before his illness ; but if two facts are presented for his comparison, he forgets one in the study of the other. This stage may continue for some time, and, perhaps, the patient may never pass through the other forms of the disease.

In this stage, dementia is considered curable, in some instances ; it is always, at this time, treated with hope. The second stage gradually makes itself prominent, and the patient is seen no longer to take interest in things about him, however agreeable they may have been formerly : with his hands in his pockets, or with arms folded across his breast, he stands stock still, his chin resting upon the top of the sternum, and his eyes cast to the ground ; all day, through all kinds of weather, he would, perhaps, remain in this position, unless moved by his attendants. The most amusing incidents, the most moving events, pictures, music, &c., fail to arouse him, except with great difficulty. If the head is raised, by force, from its forward inclination, by the hand of the physician, and patient is addressed in a loud voice, the expressionless features do not respond, though the lips may commence an inarticulate, meaningless, reply. The extremities become swollen and œdematous ; the circulation is languid ; bowels are more or less costive ; while the appetite is often voracious ; and a desperate inactivity settles upon the whole mental and physical man.

We pass rapidly from the painful consideration of this stage, only remarking, perhaps unnecessarily, that hardly any cures are ever known from its first onset. Death generally frees the unfortunate from his disease. The cases of this form, in many lunatic asylums, are numerous ; as the accumulation of incurables generally die in this state.

IV. *Moral Insanity*, is a disease of the affections and feelings : in it the mind is not necessarily involved. When it occurs in connection with partial mania, the cases are most difficult and unmanageable. When occurring by itself, antipathies of an exaggerated character, and the most utter disregard of truth, are prominent symptoms. With the most unblushing effrontery, the patient will demand our belief of false assertions—perhaps likely to be true—to the injury of others ; and, with the perfect knowledge on his part of the falsity of the accusations, tell a consistent story against those for whom he has an antipathy. When asked as to the reason of his antipathy, he does not know why he cherishes his hate, and can scarcely be got to acknowledge his lie. In the progress of the disease he becomes filty, insolent, and overbearing, and seems driven on by the Spirit of Evil to do evil simply for evil's sake. An individual laboring under this form of disease, may pluck a flower and trample it in the earth, for no other reason than

because it is beautiful, and may afford enjoyment to others; he may injure the fair fame of a woman, because she is virtuous; or, he may hate the wife of his bosom, because of her fidelity. In the advanced stages of this disease, there is a disposition to rend, and the habits are of the most filthy and revolting character. In purely moral insanity, no delusions exist. Patients have been known to excuse themselves from their habits, on the ground of insanity.

The treatment of insanity is both medical and moral. It is of the medical we shall principally speak at this time. In the management of this disease, we are guided by the same general principles as in that of every other. Our first step is to remove the cause. If that cause is a physical disease, its treatment, and if possible, its cure, is our first duty. If physical symptoms are not at first prominent, they are to be sought for with great care: in almost every case they exist, and demand treatment. It should be borne in mind that insanity is but a symptom, and as such, its origin should be discovered at once.

That the desired treatment may be carefully carried out, the first object of the physician, on being called to a case of mania for its treatment, should be to procure a strong, quiet, trustworthy, and patient man, as attendant. This person, upon whom great responsibility rests, should have the virtue of consistent firmness with unremitting kindness. He must be entirely under the control of the physician, and must in the cases of mania never lose sight of the patient under any circumstances whatever. He must be provided with a camisole, a "wooden spoon," and additional aid, if he requires it, to enforce the physician's orders. This camisole (French for waistcoat) is a jacket made from sail-cloth. The sleeves are two feet longer than a man's arms. The jacket is fastened behind with strong buckles and straps. The arms, passed into the sleeves, are crossed upon the chest, and the two long sleeves are brought behind and tied together. When a patient is within this enclosure, his arms are confined, not at all uncomfortably; and, the only opening of the camisole being behind, by no possible manoeuvring can the apparatus be removed by the patient. In this condition, the idea of his helplessness will soon take possession of the patient's mind, and he will often submit unwillingly to take the medicine ordered, as well as the food before refused. If, however, he persists in his refusal of food and medicine, he must be placed gently upon a mattress, his face uppermost, of course, and the wooden spoon used to administer what has been ordered. The spoon is a very simple, but very effectual contrivance. It consists of a spoon made of wood, in all respects resembling the ordinary form; the handle of it is hollow, and the cavity within extends to the point of the bowl. The spoon, when used, is to be forced between the teeth, and its bowl to be carried back until its

point has reached near the root of the tongue. The fluid to be administered is then poured through the hollow handle, from the mouth of a coffee-pot or pitcher; and the patient is compelled to swallow, as the fluid reaches the portion of the pharynx controlled by the reflex system of nerves.

Having put himself in the possession of those means for the thorough accomplishment of his plan of treatment, it becomes the physician's duty to form his plans, secure in the conviction of his ability to execute. In speaking of the *therapeutics*, the question of blood-letting at once presents itself. *There is hardly any form of insanity in which bleeding is admissable.* In every case in which it has been employed within the writer's knowledge, it has proved highly injurious; and, in one case, perhaps utterly destroyed the hope of cure, which might otherwise have been cherished. If a strong, plethoric, and physically healthy man becomes the subject of acute mania, if the head is hot, eyes injected, and face flushed, pulse full and strong, and at the same time if the patient is violent and noisy, the physician would naturally be tempted to a trial of general blood-letting. Let him on no account yield to his inclination. The voice of the specialists in this department is raised strongly in opposition to such a course, and nothing but evil has resulted from this manner of treatment in the cases observed.

The patient will require all his natural strength during his convalescence to avoid falling into dementia. Again, other and powerful agents are at hand to lessen the violence of the sick man, which are equally immediate in their effects, and, at the same time, conductive to a permanent cure. Of these we at once proceed to speak.

Hot and prolonged baths, with ice-water to the head, are the most serviceable means which can be used in the *suppression of the violence* of acute mania, and, at the same time, are excellent means of cure. Let the patient be placed in a bath raised to 98 deg. or over, and while in the bath-tub, let cloths dripping with ice-water be kept constantly applied to the head, the hair on which has been cut very close to the scalp. In a few moments, perhaps it may be half an hour, the patient begins to grow calm, and perhaps will express himself pleased with his treatment, and desire its continuance. The warmth of the bath is to be kept up by fresh additions of hot water, as they may be required; and the cold applications to the head must be continued without intermission.—The length of time this bath is to be continued, will vary with the patient's pulse and manner. In many cases the pulse will change to nearly or quite the normal standard, before the bath should be suspended. In Germany, maniacs are not unfrequently kept in this warm bath, with cold applications to the head, for eighteen consecutive hours on following days. It is said that many patients

are cured in three weeks by this means. In the treatment of acute mania, and in chronic mania also, when the physical system has but slightly suffered, we have witnessed the most surprising effects from the use of this agent. Patients which, without its exhibition, would have been violent, and necessarily confined in cells for weeks and months, have been so benefited by the bath as prescribed above, as to be reasonable and responsible, trusted and trusting, after but a few applications.

Counter-irritation to the nape of the neck, from the employment of the cantharidal collodion (a most excellent invention for insane hospitals), the tartar-emetic ointment, Granville's lotion, &c., &c., are often of great service. Setons are too slow in their effects to be of much use in acute mania. In the other forms of insanity they are sometimes highly beneficial. In the application to the scalp of irritating ointment, erysipelas is to be feared; and this plan is not often followed with us. In cases of partial mania, however, the tartar-emetic ointment has been used over the site of the organs of Combativeness and Destruction, where these organs seemed concerned in the disease (from the form of the hallucinations and the course of the habit); and benefit has resulted in some instances. Tartar emetic administered internally, as a means for obtaining quiet, is often successful. The mercurial purge of calomel and jalap, with one or two grains of tart. ant., is generally administered to patients when the raving mania is accompanied by a disordered stomach. It is often well to open the course of treatment with this evacuant.

In many cases, the use of such remedies as are recommended above, is by no means admissible. Anæmia is a common accompaniment to mania, and a state of the system decidedly below par is too often met with. In these cases the only, and in a great proportion of them the *efficient*, remedies are tonics and sedatives—conium and iron, in large and continued doses (after the system has been, by proper alterative medicines, prepared to respond to their action)—are used with great success. Morphine, or any preparation of opium is much used, and with marked good results. Now and then, a blister may be applied to the nape of the neck, but only for a short time; it is soon healed up. The best food is to be allowed the patient; and healthful exercise in the open air, or in an enclosed verandah, always with his attendant, is advisable.

Puerperal mania, as we have seen it, has demanded the full exhibition of tonics and sedatives. The conium and iron mentioned above are those generally employed. The same principles which govern the treatment of general are held in the management of partial mania. If the habits of the patient seem to require it, he must be treated with depressants; if the contrary, tonics and opium are specially indicated.

Opium, in partial mania, seems sometimes to act upon the brain

alteratively. The patient is given three half-grains of morphine per diem, for weeks and months together. It is sometimes gradually increased, and after a while the hallucinations are seen to be disappearing. They finally leave the patient altogether, and the medication is gradually suspended. In partial mania, great aid is received from moral treatment, of which more hereafter.

Typhomania is to be treated in precisely the same manner as typhus fever, in many respects. Morphine is, however, to be used in this form of disease, to lessen the extreme violence. Brandy and milk, beef tea, &c., &c., are always to be exhibited; and the full use of tonics must be employed during the convalescence.

In *melancholia*, the treatment must be different in the two forms. When the disease is the result of exaggerated affection, the influences brought to bear upon it are chiefly moral.

The exhibition of morphine as an alterative in this form, however, is often of the greatest benefit. Its effects upon the physical system in producing quiet, and in removing that state generally known by the term nervousness, are very evident. Its influence upon the mind in producing oftentimes an entire change in the current of ideas, is well known. In place of sombre and mournful thoughts, the mind of the patient, through the faculty of imagination, is led to contemplate beautiful visions, and gradually induced to prefer them as subjects of thought. His grief is forgotten amid the realms of ideal beauty through which he wanders; and, no longer constant to the object of his sadness, the patient becomes more cheerful, and, many times, gradually recovers.

In *dementia* the course of treatment also includes many appeals to the "*morale*" of the patient. The chief medication is found in the means best calculated to establish the general health. As may be inferred, the marked intonicity of the reflex system, almost always present, demands attention. The different preparations of nux vomica, in small but long-continued doses, the cannabis indica in a few instances, iron, cinchona, the vegetable tonics and stimulants, are not to be omitted.

Setons, in the nape of the neck, which shall be kept open for weeks and months, are, in this form of insanity, of more use than any other. They act in two ways. They form an object upon which the attention of the patient is often fixed (which is not to be slightly estimated in dementia), and, at the same time, they act as a continued slight counter-irritation to the encephalon. The drain from the system established by them, if supplied with the materials for good blood, is of marked service, from its indirect alterative effect.

Morphine is rarely used in dementia, the lack of its indication is at once perceived. The system is already sufficiently sluggish.—Mercurials are sometimes indicated, as well as iodine also.

Moral insanity may, perhaps, be sometimes treated with an-

timony, if the system is in such a state as to admit of its use. If employed, it should be continued for a moderate length of time, to allow a complete manifestation of its effects. Morphine, as an antidote to the physical agitation, has been, in some cases, followed by improvement.

By furnishing, through its effects on the cerebrum, new food for thought, it may remove the morbid tendency to waste the energies upon falsehood and wickedness. In this form of derangement, as has been said above, there are no *bona fide* hallucinations.

The moral faculties are alone involved, and counter-irritation, employed with this view, may, perhaps, influence the disease.—Constant occupation, travelling, manual labor, and radical change in the daily associations of the patient, must result in benefit. Toward one affected with *moral mania*, the bearing of the physician should be that of a calm, high, censor of his actions.

Before leaving the subject of medical treatment, distinct reference should be made to the use of *etherization*. Dr. Ray, of the Butler Hospital, at Providence, has lately read a paper upon this subject, before the convention of Medical Superintendents of Lunatic Asylums, in which he highly commends its employment. We are beginning to exhibit it, and hope for good results. After the patient is, in some degree, under the influence of opium, ether will often change the drowsy stupor attending the full dose of this drug into sound and apparently healthy sleep. A good night's rest, obtained night after night, by these, or any other means, cannot but benefit the patient extremely.

Suicidal cases, always the objects of unceasing care, but, particularly to be watched during the hours of darkness, are to receive great benefit from this new form of treatment. They are quietly sleeping, with, perhaps, happy dreams (when under the combined influence of opium and ether), during the period in which the attempt at self-destruction is most to be feared. Night after night of unbroken sleep changes the current of their thoughts, and, with moral treatment suited to their peculiar state, their depression is oftentimes entirely removed.

Moral treatment is best conducted, in almost all instances, by persons who have not known the patient before his illness. It is on this account, as well as for the purpose of removing the patient from scenes constantly reminding him of his ordinary life and business, that the insane are generally more successfully treated in asylums. The psychologist, in his bearing toward those under his charge, may, and should, exhibit the feeling of sympathy which he has at heart for their misfortunes. He is always the same affectionate, firm, *truthful*, sympathizing friend. With quiet patience he listens to all their complaints, and by his kind manner and expressed interest (to some degree) assuages their sorrows. A subdued earnestness, with evident intensity of thought, and a certain

deliberateness of movement and expression, seem to gain the confidence of the wandering mind in most cases.

It is a matter in some dispute if the patient is to be informed that he is considered insane. Among the Germans, it is not uncommon to do this, and the practice at Utica is also of this character; our own impressions are greatly in favor of this plan, and we have known several instances in which a patient (under medical treatment also) has been *reasoned out* of his delusions. It is many times better *not to reason* or argue with the insane, who may think you are the insane man, rather than he; and, also, because a man who disputes with another places himself upon a level with his opponent.

If one simply states that the subject of the delusion is one on which he cannot agree with his patient; that he most fully *denies its truth*, but is *not disposed to talk* upon the matter, he will, in almost all cases, retain the patient's confidence; and, as he is considered somewhat as a superior being, his judgment is not unusually conceded to. It is hardly ever improper to inform a patient that the actions of his mind are deranged, but there are some instances when it is not necessary to refer to it. Employment is the greatest moral means possessed by the physician in the treatment of the insane. It is better that the nature of this employment should be of the character of the previous habits of the patient; but out-door occupation is by far the most serviceable. As an instance of what employment may do for even the most excited patients, I may be allowed to state that on a recent visit to the New York State Asylum, the most excited and noisy patients were found sitting in a circle round a basket, shelling green peas. They were quite busy, and hardly looked up until the presence of a stranger attracted their attention. The restoration of several lunatics to their senses by a Scotch farmer, who employed them upon his farm because they cost less than men who were not insane, was, perhaps, the first thing which attracted general attention to the use of farm-labor in the treatment of this disease. It is every day affording proofs of its great benefit, in almost every asylum in the country.

Employment at the trade of the patient, if the employment is a healthy one, is an excellent means of cure, when this moral is united with proper medical treatment. There are certain patients whose incoherence and violence are so great as seemingly to preclude the idea of any steady occupation; but unremitting perseverance on the part of the attendant will surely bring its reward, and the patient and the physician will each wonder at the amount accomplished.

Amusements should hardly ever be allowed to fill the whole time of the insane. They are generally to be employed as offsets to the wholesome fatigue engendered by some useful occupation. In speaking of the *moral treatment* of special cases of lunacy (the

unexpected length of this paper warns us to touch lightly upon the subject) it may be remarked, that the manner of addressing the patient must differ with the character of the person and with his special delusion. The innumerable little incidents resorted to for the purpose of drawing the attention of the demented; the many little means used to excite the cheerfulness of the melancholic; and the many soothing influences brought to bear upon the excitement of the maniac, to produce quiet and calmness, are not to be mentioned in this place. They will suggest themselves in the treatment of the patient, from the circumstances with which he may be surrounded.

Before closing this paper, my duty would be hardly half done, did I not refer to the advantages of sending the insane to an asylum as soon as possible. The symptoms and plans of treatment which have been laid down, are for the purpose of aiding those who require such assistance in the diagnosis of the different forms, and in the treatment of the disease in those cases when circumstances will not permit of sending the patient to a public institution, and in those cases in which unavoidable delay in conveying the patient to an asylum is met with.—*American Medical Monthly.*

ON THE TREATMENT OF DELIRIUM TREMENS.

BY ALEXANDER PEDDIE, M. D., EDINBURGH.

As regards the treatment of delirium tremens on the views which I have endeavored to unfold, I may plead the experience of upwards of fifteen years; and state, that during five previous years I also had ample opportunities of witnessing the practice of others, and of personally testing the merits of the mode of treatment then, and still ordinarily pursued. In the earlier period of practice the observations were made almost entirely in connection with hospital and dispensary attendance, affording a great many examples of the disease in its pure and in its complicated forms, as occurring among tavern keepers, brewers, butchers, and the lowest order of dram-drinkers generally; latterly the instances have been mostly among a better class of society, yet the disease presenting the same features, and originating from the same degrading cause.—The frequent sudden fatalities which I witnessed from arachnitis, convulsions and coma, when stimulants and opiates were freely administered; and the length of time ere recovery took place, even in the most favorable instances of the malady, when these agents were given more sparingly and cautiously, long since convinced me that their tendency is highly dangerous. I do not say that I never would give a stimulant in delirium tremens. It may possibly happen, although I never have met with such a case, that in the advanced stage of the affection, the pulse may begin to falter, the

heart lose its usual rhythm, the surface of the body to become of a leaden hue, the tremors to disappear, and subsultus tendinum occur, and delirium of a muttering character only continue, when I should certainly say that the flagging powers of life would require to be sustained by some diffusible stimulus. Here there would be no alternative. Then, again, I would not hesitate to give an allowance of his usual stimulus to an habitual drunkard when affected with a wound or ulcer to obtain a healthy action therein, or to administer stimuli of one kind or another freely in ordinary fever, or in the typhoid state of traumatic delirium, so that his circulation may be enabled to keep up the functions of organic life until food could be made use of. This would only be using legitimate means to maintain his ordinary condition of body; but it is quite another thing to prescribe alcohol when the individual is already manifestly in a state of alcoholic poison.

From all that I have seen and read, I believe that the combination of stimuli with opiates is a most hazardous practice in the treatment of delirium tremens; for while the former increases the determination of blood to the head, the latter is apt to occasion engorgement there, and thus, I have no doubt, they are the joint cause of many sudden deaths, and of many incurable palsies of body and mind—indeed, of the great proportion of those casualties which take place, and for which the disease, and not the treatment, is blamed.

Opium given alone in delirium tremens is, I am aware, almost universally considered by the profession to be quite an indispensable agent—the *sine qua non*—for securing what is called the critical sleep; and hence it is prescribed in smaller or larger doses in as routine a manner as sulphur is for the itch, or colchicum for gout. Notwithstanding this high estimation of its value, however, I hesitate not to say that I consider it a very doubtful remedy, even in the most promising cases of the disease, and a most dangerous one in others. It is well known that a moderate dose of opium in delirium tremens, so far as regards its action on the brain and nervous system, is in the first instance exciting and preventive of sleep. I have frequently seen such doses as in other affections would have been considered very large, in this greatly increase the agitation and excitement after each successive administration; and although sleep was secured at times, it was but short and disturbed, and followed by delirium as violent as before. Besides, the most unmanageable cases of delirium tremens which are met with, are those affecting opium or morphine eaters, who appear to be extremely liable to this disease if they indulge in spirituous liquors. From the use of opium or morphia alone, as I have already stated, I believe that true delirium tremens never occurs; but with the unfortunate slaves of this debasing habit, a very short course of intemperance is sufficient to develop it. I have also remarked in

several of these instances, that if, during the attack the usual dose of the narcotic is taken under the impression that it would soothe the distress and procure sleep, more especially if that dose be morphia—which is apparently much more stimulating in this affection than opium—the paroxysm is generally aggravated. It is evident, then, that if opium is to be used at all in delirium tremens, it must be given in a large dose (in from two to three or more grains, and repeated at intervals of a few hours); and it is thus generally given, the object being to overstep the stage of excitement, and force on the desired sleep. Now the acknowledged effect of a large opiate on the encephalon is to occasion engorgement of the vessels, more especially of the veins, and consequently, the larger the dose, the greater will be the amount of sanguinous compression of the brain. What, then, must be the probable result in a disease in which there is already, if not an approach to arachnitis, at least a very excited action of the meninges, and a preternatural loading of the vessels generally? The cerebral functions are oppressed, and at length overwhelmed, and sub-arachnoid effusion is the result. The symptoms attending this untoward event are characteristic. Sleep is obtained, but it goes on deepening, and, as it becomes more profound, the pulse becomes smaller and less frequent, the surface of the body covered with a cold sweat, the face pale, the pupils contracted, the breathing slow and soft (although sometimes stertorous). An epileptic fit may now occur and terminate the scene, or the powers of life gradually become more and more depressed, and the victim perish as if in a profound and gentle sleep. Now this progress and catastrophe, although viewed as evidence of an unmanageable—a malignant form of the disease, in a bad subject, is nothing more than the common course and result of injudicious management. Even Graves, who prescribed opium in delirium tremens in the manner I will afterwards notice, warns emphatically against its premature and incautious use.

“Opium,” he says, “if given in the beginning, will increase the congestion and bring on sub-arachnoid effusion. I treated a case of delirium tremens in this way too boldly, and the man died of sub-arachnoid effusion; it was a lesson to me, and I advise you to profit by my experience.”

I am convinced that it is in this way very many of the sudden deaths we hear of in delirium tremens occur. I saw it frequently in early practice, and have seen it occasionally since in the practice of others; and I am persuaded that any practitioner who has been accustomed frequently to treat this affection with large doses of opium, will be able, on reflection, to explain his want of success, and the occurrence of casualties. When, in fact, recovery takes place after a long sleep forced on by a large opiate, it is simply from the wonderful conservative power of nature resisting the evil influence of the agent, just as some will recover from a severe

apoplexy or palsy. The practice is one of the utmost hazard. If death were the certain alternative in delirium tremens, should sleep not be early obtained—for it is said that “the patient must sleep or die”—there might be some reason in attempting to force on the sleep by opiates. This, however, is certainly not the case, and consequently such interference is not only uncalled for, but most improper, when there is danger to be apprehended from the practice. Sleep occurs as the natural, the favorable crisis, or rather termination of the disease; for it is not to be viewed as a part of the affection, or in the same light as we are accustomed to regard a critical sweat or other discharge. It is the result and a salutary relaxation succeeding a state of dangerous tension. It will take place in the mild but genuine forms of the affection at the proper period, which, as I have already remarked, is on the second or third day, when the paroxysm has run its course, when the peculiar erythema, the “nervous irritability,” is brought to an end, and a condition of “exhausted nervous power” now truly produced. That this may likewise happen in severe examples of the disease, although no opiate of any kind is given, the cases with which I shall close the present paper [omitted in this Journal] will prove; and while I am convinced that the plan of treatment now to be recommended will be found the most efficacious, I have no hesitation in saying, that in a larger proportion of instances, sleep would take place spontaneously at an earlier period, and the subsequent condition of the patient be much more sound and safe, by doing nothing at all, than by the use of opiates. I have seen very decided cases of the disease recover well when a mere placebo was given with a view to keep up the appearance to friends of something being done, and prevent them from using as remedies things which would be hurtful. Dr. Ware, of Boston, in an excellent memoir on delirium tremens, strongly advocates from experience the doing nothing plan. Among other things, he says of opium:—

“In the cases which I have formerly treated with opium, and which have at last terminated well, a salutary sleep has not taken place till the close of the third day, let the quantity of opium be what it would. I have, indeed, seen sleep induced by opium at an earlier period, but it was premature, it passed into a state of coma, and the patient died. I am satisfied, therefore, that in cases of delirium tremens, the patient, so far as the paroxysm alone is concerned, should be left to the resources of his own system, particularly that no attempt should be made to force sleep by any of the remedies which are usually supposed to have that tendency, more particularly that this should not be attempted by the use of opium.”

Dr. Cahill also cites several cases of the genuine disease, in which he found opiates decidedly injurious, and treatment without them salutary.

The treatment recommended by Dr. Graves, to which I have

already referred, is advocated on the ground that opium is highly dangerous in the early part or the paroxysm. His rule of practice is to begin with tartar-emetic alone, with the view of combating vascular excitement, then to add a little opium, and gradually to increase the quantity, keeping its action carefully guarded and controlled by the antimony, until at last, when engorgement of the cerebral vessels is no longer to be apprehended, to use opium alone. If opium is to be given at all in delirium tremens, this is certainly the safest mode of prescription. For some time I tried it, but from considerable previous experience of the beneficial effects of antimony in this disease, I soon became convinced that it was from that agent solely, especially its effects in the first stage, the ultimate benefit was derived; that the relative quantity of opium employed at first, is too small* to counteract the power of the antimony, or to produce any notable effect whatever; that in ordinary cases, ere the time arrives for increasing much the amount of the opium, the affection has run, or nearly so, its natural course, and the period for the salutary sleep commencing is at hand; and that when a greatly-increased dose is given before this much-wished-for change has arrived, there is a proportional increase of excitement and consequent delay of its occurrence.

From these considerations, I resumed the use of antimony alone; and during the last ten years, I have treated upwards of eighty cases of the genuine disease, many of them very severe ones, with uniform success—not only in regard to the speediness of the immediate recovery, but the comparatively thorough restoration to a healthy condition of body and mind—as much so, at least, as could be expected in individuals, many of whom had been, and were likely soon again to become habitual drinkers. The dose which I have been accustomed to give, has ranged from one quarter to one half of a grain, in simple solution, every two hours, sometimes at shorter intervals, according to the degree of excitement and irritability. The action of the antimony appears to be chiefly sedative. Its direct action is to reduce the vascular excitement of the brain, soothe the nervous system, and diminish muscular power; and its more indirect action is exerted on the functions of the skin, kidneys and intestinal canal. In two or three instances only, have I found it necessary to suspend its employment, in consequence of diarrhoea and hemorrhagic discharge from the bowels; and in these cases I substituted digitalis and ipecacuan. with marked benefit; and I do not recollect of ever seeing it produce continued vomiting, although occasionally I have found the first or second dose ejected from the stomach a quantity of bile. It is for the sake of its emetic effect that, in Germany and America, it has been prescribed

*Dr. Grave's formula for first use is:—R. Antimon. tart., gr. iv., tinct. opii, dr. j.; aquæ, oz. viij. Signa. A tablespoonful to be taken every second hour. There is thus in each dose only five drops of laudanum to one fourth of a grain of antimony.

in large oft-repeated doses, even from four to seven grains every hour, and that too, according to report, without benefit. But although there is, doubtless, extraordinary tolerance of this agent in delirium tremens, I do not think that the use of such, or any other very heroic means, are warranted. Bleedings, large opiates, or large doses of tartar emetic, are all, although certainly not equally unsafe, and therefore to be deprecated. An antimonial course of treatment in moderation, and with the design I have indicated, gently diminishes excited action, induces weariness of muscle, general nervous exhaustion, and mental languor. It thus removes all hindrances to the occurrence of the salutary sleep. It prepares the way for it, not by forcing, but by favoring it; and when the individual, exhausted, seeks his couch, and finds repose, that goes on, not as a drugged sleep, but as a purely natural and profound repose, from which he awakes with restored reason and muscular control.

Although I have recommended the tartrate of antimony as a chief remedy in delirium tremens, there are several other means essential to its successful treatment. In the department of medicinal agents, however, I have only further to suggest, that, should the bowels not be moved by the antimony, the compound powder of jalap (3. j.) will generally be found speedy and efficacious.—The other means of cure belong strictly to regimen and diet; and the first of these in importance is bodily freedom. Nothing is more hurtful in delirium tremens than the restraint, particularly that of the strait-waistcoat. I have seen instances, and heard of many more, where I have no doubt the cerebral excitement was so increased by the never-ceasing struggle for liberty, that fatal convulsions at last afforded release. All the control required is the presence of one or two judicious attendants, who will humor the patient in his whims and fancies; who will speak and act regarding them so as to assure him of safety, and to relieve him of apprehension, which is the most characteristic feature of the delirium; and who will mildly but firmly interpose, if he attempts anything which may accidentally prove injurious to himself or others. Of course, injury inflicted wrathfully or vindictively, is not to be anticipated, for rage, violence or outrage, do not occur in this remarkable disease, but only in that affection which I have already briefly noticed, and with which it is sometimes confounded, namely, the madness of drink. Hence the frequent accounts met with in the public prints, of homicidal, suicidal, and other violent acts, said to be perpetrated during fits of delirium tremens, originate in an entire misapprehension of the nature of the two diseases. The apartment, however, in which the delirium tremens patient is confined, should be well secured, for he may rush out at the door, or jump out of the window, in the fright and frenzy of supposed danger. The larger, too, the room is, the better, that he may have ample space

to advance and retreat, according as he wishes to scrutinize or avoid a suspicious or distressing object of his fancy; to arrange and re-arrange articles of furniture; or to carry on, after a fashion, the duties of some bustling occupation. All this expenditure of muscular effort, without any restraint, aids greatly the antimony in producing a safe kind and amount of physical and mental exhaustion, from which the patient, languid and worn out, at last lies down voluntarily, and falls into the much-desired sleep. It is thus, too, that the "walking drill," according to Dr. Blake's experience in the West Indies, was found efficacious in warding off attacks of delirium tremens in the case of drunken soldiers; not, however, as supposed, from the exercise proving a new stimulus in place of the rum, to which they had no access, but from its wearing-out effect, while the proper nutrition of the body was maintained. No one would ever think of ordering continued and monotonous hard work, and muscular fatigue, for an affection of "exhausted nervous power."

During the entire paroxysm of the attack, it is of some consequence to afford the patient abundance of light; not, however, as supposed by Dr. Blake, for its stimulant or excitant effect, but for its aid in correcting false optical impressions. The excited brain is very apt to receive erroneous impressions, from the appearance of surrounding objects, if there is an uncertain light. Hence the exaggeration of many of those agitating and terrifying illusions and phantasms which more distinct vision would prevent or quickly dispel. During the daytime, therefore, there should be no half-closed shutters, nor half-drawn blinds or curtains, but advantage taken of the clearest light available; and during the evening or night, the more distinct the artificial light is, so much the better. Perhaps perfect darkness may serve the purpose equally well; but this can be available only in the well-padded chamber of a lunatic asylum; and besides, in private practice, the other parts of the plan of treatment here recommended, which require the presence of an attendant to regulate the doses of antimony, or other sedative, and to administer, from time to time, suitable nourishment, could not be carried on without the admission of light. This leads me to remark, in conclusion, that during the administration of the tartar-emetic, I give, at intervals of a few hours, a moderate quantity of good beef-tea, mutton broth, or chicken soup. Thus, while the vascular action in the brain is being subdued, and the nervous system liberated from the presence of the alcoholic poison, the functions of organic life are sustained, and a better ultimate recovery is secured.—*Edin. Jour. Med. Science.*

control over the night sweats of phthisical patients. In one instance from July 11th, the date of the first application, up to August 6th, there was entire immunity, when previously they had been of nightly occurrence. Subsequent repetition afforded similar relief.

The above observations were collected in the wards of Dr. M. S. PERRY.

BOSTON, October 25th, 1854.

[*Boston Med. & Sur. Journal.*

TREATMENT OF TENIA BY THE SEEDS OF CUCURBITA PEPO (PUMPKIN SEED.)

The seed of the pumpkin, a highly valued remedy of tapeworm, and one that has been the most fully tested, though not discovered by Americans, seems to be altogether ignored by American compilers of Dispensatories and Formularies.

The pumpkin seed remedy is often mentioned as being a new one, and as having been first introduced into practice in America. It appears, however, that this article was first introduced to the notice of the medical world by Dr. Mongeney, of Bordeaux, about three years ago, at a meeting of the Medical Society of that city; he then and there declared that for thirty years he had used with great success for the expulsion of *tænia*, a paste of pumpkin seed (*la pate de citrouille*;) 90 grammes of fresh seed mixed with twice as much honey—a dose which in seven hours without producing any unpleasant effect, dislodged the worm. Dr. M.'s confreres of that city, among whom were MM. Brunet, Sarramea, and others, had in a great many instances used this article with the most complete success—some of whom gave 45 grammes of the skinned seed (*semences depouillees*) united with the same amount of sugar. One of the physicians, who had suffered extremely for two years, from an almost constant pain in the lumbar region, excessive debility, indigestion—symptoms which he regarded as due to a disease of his nervous system. He finally, having voided some flattened fragments which he thought might be portions of *tænia*, took by the advice of M. Sarramea, 30 grammes of pumpkin seed pounded with 10 grammes of sugar; he suffered all night from a violent fever and great agitation; by morning, twelve hours after having taken this dose, an injection simply of water brought away seven metres, or about twenty-three feet of *tænia*.

As suggested by M. Rollet, measures were taken to convey to the Council of the Administration, a recommendation that this valuable remedy should be admitted into the pharmacopœia (*codex*.) (See Jour. des Connais. Med. Chir., June 1, 1852.)

Cure for the Tapeworm.—Procure sufficient seed of the pumpkin (those grown in the West Indies are the best) to make two ounces after removing the outside shell of the seed; put them into a mortar and add half a pint of water; pound them well up, and make a liquid orgeat of them, which strain through a cloth.—Drink this mixture in the morning on a fasting stomach. If it does not operate in the course of an hour and a half, take one ounce of castor oil. Drink all the time as much fresh cool water as the stomach can bear or contain; that is, drench yourself with water. After taking the orgeat, if the stomach is well rubbed with ether, and an injection of about sixty drops of it is taken, you will find it an assistant to the orgeat, but this may not be necessary. Should the first application of the remedy not answer, repeat it the next morning, and there is no doubt your complaint will be removed. The worm will leave the patient all at once, and probably entire. This can be ascertained by finding the small end or head of it, which tapers almost to a point.

The New York friend, from whom I received the recipe, of which the preceding is a copy, in March, 1848, remarks, in support of the efficacy of this remedy, that Capt. — says he did not have to take the injection, although he took two separate doses of the seed, (the first not operating sufficiently,) which relieved him at once, and since which time has cured probably a dozen different persons afflicted with the tapeworm, who had been given over by the physicians. The worm from him was about thirty-four feet long, and each link about one inch. He rubbed the stomach with ether after taking the orgeat. It may be advisable to use the fore-named remedy under the advice and with the assistance of a physician. I have only to add that the suffering lady in this city, for whose relief the writer's aid and influence was solicited by her husband, has been restored to perfect health, after years of prostration and efforts for relief; and in thankfulness for the interest I had manifested in the case, sent me a glass jar containing a large part, if not the whole of the worm that had been her tormentor for several years.—*Boston Med. and Sur. Journal.*

F. W. Cragin, M. D., says: "On reading an article on pumpkin seeds, in a late number of the Boston Medical and Surgical Journal, I recommended it to an intimate friend, who had, two months before, discharged about four yards of that detested parasite, a tapeworm, and who was sure there was "more of the same sort left." He in three days afterwards, showed me the bottle, since left at your office, containing what was formerly discharged, together with the tapering part of that which was removed (in all about four yards) by the remedy.

His statements, which may be implicitly relied on, are, that for want of West Indian or other pumpkin seeds, he took undried acorn or marrow squash seeds, and proceeded, *secundum artem*, fol-

lowing the orgeat, in about one hour and a half, with about six drachms of castor oil, taken in two spoonful of Holland gin. He drank very little water twice; drank and ate nothing else till noon, when the only effect of his faith and practice was manifested "in one liquid discharge containing the squirming worm; at one end about one-third of an inch broad, and tapering down to nothing."

If this remedy should continue to prove as efficacious as in this and former instances, it is to be hoped a specific has been found for one or more of "the ills that flesh is heir to," which remedy should never be lost sight of."—*Id.*

On the Treatment of Tapeworm by the Oil of Pumpkin Seeds: By the late Prof. HENRY S. PATTERSON, M. D.—In the Medical Examiner, for October, 1852, I reported a case of radical cure of tænia, by the use of an emulsion of pumpkin seeds, after the Ol. Terebinth, and even Koussou, had signally failed. Several other cases have been reported before and since mine, all going to establish the efficacy of this new remedy. Should it prove as generally successful in expelling the worm as the cases indicate, it will become a valuable accession to our means of treatment in a troublesome and often obstinate affection.

The seeds of the common pumpkin (*cucurbita pepo*,) consist of a leathery white envelop, inclosing an oily albumen of a slightly greenish tinge. They are inodorous, and have a sweetish, mucilaginous taste. Rubbed up with warm water or milk, and sweetened, they form a very pleasant emulsion; and this is the way in which they have generally been administered. They abound in fixed oil, which is readily yielded on expression, and appears to be the only constituent of any importance. Conceiving this oil to be the anthelmintic principle, I determined to use it in the first case of tænia I should encounter. A quantity was obtained, by cold expression, by our accomplished pharmacist, Mr. Frederick L. John, of Race street. From four lbs. of the seeds he procured 3 xiv of oil; but, he has no doubt that, if the operation were conducted on a larger scale and more carefully, the yield would be from thirty to forty per cent. The oil is clear, transparent, of a light brownish green color, with a slight oily odor, and a perfectly bland taste, like that of the oil of sweet almonds. It has now been kept some ten months, in well stoppered bottles, and is perfectly sweet and bland.

No case of tænia has occurred in my own practice; but in May last I learned from Mr. John C. Lyons, an intelligent member of the medical class of Pennsylvania College, that a poor woman in his neighborhood (Kensington) labored under the disease, and had asked his advice. I requested him to use the pumpkin seed oil, which he did, with the happiest results. Causing her to fast rigidly for twenty-four hours, he gave her 3 ss of the oil in the morning, and in about two hours 3 ss more. This produced a light disposi-

tion to looseness of the bowels. In two hours after the last dose, 3 i of castor oil was given, and purged freely, bringing away a considerable portion of the worm. From that period until the present, (September) she has remained entirely free from any symptom of verminous irritation, and there can be no doubt that the worm was altogether destroyed.

Tænia is of so rare occurrence with us, that no individual practitioner sees enough of it to enable him alone fairly to test any medicine. I therefore beg leave to call the attention of my medical brethren to a remedy readily obtained, cheap and pleasant, and which I believe will be found quite efficient.

The same gentleman reported the following case :

Failure of Koussou—Successful Use of Pumpkin Seeds.—The subject of this case was for some time under my care, in consultation with my colleague, Dr. Darrach. I can aver that he was most thoroughly put through the entire routine of tapeworm remedies before he left Philadelphia. He tells his own story so well that I prefer to give the following extract from a letter announcing his restoration to health: "In the early part of January, 1836, I was rather suddenly attacked with what seemed to be an alarming diarrhoea, which continued for some weeks, resisting the usual remedies. My symptoms had been peculiar for some time previous to the attack. Indeed, I had all the prominent symptoms of tænia as laid down in the books, viz: dizziness; occasional false vision; variable appetite; pain in the lumbar region; pain in the knee joint; swelling of the abdomen; hesitancy of speech; restlessness in time of sleep; unusual drowsiness during the day; variable strength, being sometimes quite strong, and then again quite feeble. Somewhere about the middle of February of the same year, I discharged at a morning stool, about nine yards of the tænia. From that time onward, for six years, I was more or less under medical treatment continuously. I took large quantities of the spts. turpentine, (once or twice two ounces at a dose;) also, the malefern, calomel, and jalap, and Jayne's vermifuge; and was several times under homœopathic treatment. I took also iodide of potassium, iodide of iron, decoction of pomegranate, and the 'koussou.' I discharged large quantities of the worm, but no head could be perceived. When the koussou failed, I began to despair of being cured at all, but my sister, Mrs. —, sent me in December last two numbers of the Boston Medical and Surgical Journal, containing two several accounts of the cure of tænia by the use of pumpkin seeds. Having previously abstained from usual food for a day, on the 10th of January last, I took, at 8 o'clock in the morning, two ounces of the kernels of pumpkin seeds pulverized with two tablespoonfuls of white sugar, and commingled with a half pint of boiling water, making a very pleasant drink for a fasting man. I kept my bed, drinking frequently of

cold water, and at 9 1-2 o'clock, I took an ounce of castor oil.—At 10 1-2, I drank a cup of hot black tea, and, in about two minutes discharged about eight yards of the tapeworm, *with the head*. O, how I wept for joy that I was again a free man, after a servitude of six sad years to this awful complaint. Since then I feel like a new being in a new world. My life had often been a weary burden, and yet I grew fleshy and looked healthful. For months in succession I had discharged the worm daily in pieces of six to eighteen inches, and also in gourd seed form. I suppose that without any over-estimate, I discharged, during the six years of my affliction, about *four hundred yards!* The remedy is very simple. Were I a practising physician, I would never administer turpentine for tapeworm; I sometimes fear that I have experienced irretrievable harm to my kidneys by using it. There is virtue in pumpkin seeds, doctor, even if it be a *Yankee notion*."

In the Northwestern Medical Journal, for May, 1853, Dr. J. McCreary Sudduth, gives the following case:

B. H., male, aged 28 years—occupation farmer, volunteered in 1847 to go to Mexico. In good health when he left home (Ky). Sickened while on the gulf, Nov. '47. Landed and went as far as the City of Mexico. Discharged and returned to Kentucky early in the summer of 1848, quite weak and much emaciated. In August of 1848 began to pass by stool small portions of what proved afterwards to be joints of tapeworm. Shortly after his return to Kentucky, he applied to a number of physicians for advice; receiving no benefit from any article recommended, except those used by one doctor whose prescription brought away eight feet of tapeworm. Patient thinks the articles used by him were cal. and Dr. Jayne's vermifuge. Shortly after passing this piece of worm, finding himself not relieved, and knowing now what it was that troubled him, he went to Louisville and consulted a number of physicians of that place, offering one hundred dollars to any one who would rid him of his troublesome companion. He however received no benefit from any articles used by physicians of that place. Soon after leaving Louisville, he came to Illinois, still poor and in bad health. He consulted with all the doctors that came in his way, using all articles by them recommended, as well as all the patent medicines that he saw extolled for the removal of tapeworm, (and their name is legion) in newspapers, almanacs and receipt books, &c.; however all failed. When he consulted Dr. Smick and myself, he presented the appearance and symptoms as follows:—Was lean in flesh, and ænemic, judging from the appearance of the surface and color of his lips. Abdomen somewhat distended, troubled much and especially at night by a moving, creeping sensation in the abdomen. Variable appetite, at times voracious, at others none at all, passing daily by stool a number of joints of the worm. We advised him to eat the paste of pumpkin seed and

honey, 3 iij, one ounce at a time, with an interval of two hours. Six hours after taking the last portion he passed twenty-two feet of the worm, though in three pieces, the longest of which was eighteen feet, and bearing the head of the parasite; showing the superiority of paste of pumpkin seed and honey over all known articles for the removal of this troublesome, if not destructive parasite. All symptoms of worms have disappeared.

In the American Journal of the Medical Sciences for July, 1854, D. Leasure, M. D., of Newcastle, Pa., says: "Mary —, aged twenty-eight, unmarried, has been delicate all her life, and for fifteen years subject to severe cramping pains of the abdomen, accompanied sometimes, with obstinate vomiting. About ten years since, she noticed that she passed portions of tapeworm, of lengths varying from a single joint up to many feet, and if the statements of the patient and her mother are to be relied on, sometimes half filling an ordinary chamber mug. Her mother had also, at an early period of her life, been a victim to a tapeworm, which had been expelled by a secret *vegetable remedy*, probably *male fern*, given to her by a worm doctor.

My attention was called to Mary's case some time in last February, while in attendance on her sister, for another disease; but from causes unnecessary to mention, I did not prescribe till last week. I had intended to use the male fern or kousso, or both; but not having access to either of them in a fresh state, I determined to wait till they could be procured from Philadelphia.—While thus waiting, I noticed in one of the journals a report of a case of *tænia* expelled by the use of emulsion of pumpkin seeds. Curiosity, more than the expectation of success, prompted me to give it a trial. I directed a pint of the bruised seeds to be infused in three pints of soft boiling water, and left over night, the whole to be taken during the next day, the patient fasting in the meantime.

On the morning of the 9th of May, the patient commenced its use, and in the afternoon experienced the most violent cramps and pains in the bowels for several hours; and on the morning of the 10th, she passed eleven feet of the parasite, including the head, as proved by observation under the microscope. The animal was entirely dead when voided from the bowel, and is a most beautiful specimen of a perfect *tænia*—*N. Orleans Med. & Sur. Journal*.

UNSUCCESSFUL EMPLOYMENT OF ANÆSTHESIA BY COLD.

(Cases under the care of Mr. Critchett and Mr. Walton.)—The employment of cold as a means of preventing the pain of operations has been repeatedly advocated in our columns, and we, therefore, feel called upon to report prominently instances of its failure. Two such have occurred during the past week. In the first, the pa-

tient was a woman, under the care of Mr. Walton, in St. Mary's Hospital, from whom it was wished to remove a fatty tumor on the abdominal wall. The tumor was subcutaneous, and felt quite as loose as such tumors generally are ; it had a size of about an adult fist, somewhat flattened. Nearly an hour was wasted in unsuccessful attempts to freeze the skin, but as this was due, of course, to mistakes in manipulation, it should not be charged against the process. At length, a mixture, properly made, was applied, and in about four minutes the requisite area of skin was frozen, as white and hard as could be wished. Without the loss of a moment's time, Mr. Walton made a deep incision through the whole required extent of skin into the tumor. This gave no pain. The tumor was seized at once, and forcible enucleation attempted. It could not, however, be extracted so easily as had been expected, and adhesion, both to the skin and the deeper parts, required to be divided by the knife. At one part, where it appeared to have been pressed upon by the edge of the woman's stays, the adhesions between the tumor and the skin were very close, and a careful division was needed. The operation lasted perhaps altogether about four minutes, and during the whole of that time, except the first cut in the skin, the patient was making loud cries and protestations of pain. It should be stated, that she was a remarkably quiet person, and one who did not complain for little.

The above operation took place on Wednesday ; and on the Friday following we witnessed an almost similar one in the theatre of the London Hospital. Mr. Crichton's patient was a man of middle age, and the tumor was a fatty one, about the size of a large fist, and situated beneath the skin in the upper part of the front of the thigh. The freezing of the skin was very complete, nearly five minutes had been occupied in the process, and the incision into it appeared to be quite painless. The tumor had, however, rather intimate adhesions, more especially to the integuments ; and the man complained much of almost every touch of the knife excepting the first.

We had witnessed before the above several cases of partial failure in the case of cold, but were inclined to attribute them somewhat to timorousness in its use ; in these, however, it was fairly and sufficiently used. Their evidence seems clear to the effect, that, unless the tumor be so loose, that almost instantaneous enucleation can be performed, a painless operation must not be expected. The anæsthesia does not extend at all deeper than the skin ; and even in its recovery of sensibility is so rapid during the manipulations, that the division of adhesions to its under surface will not be painless unless made without a minute's delay. There are, doubtless, a large number of cases in which, despite of these drawbacks, anæsthesia by cold may be made very useful ; but the Surgeon must always be careful not to promise to his patient a

painless operation. As it regards the excision of tumors, it will probably, in a few instances, be completely successful, and in many others sufficiently so to afford a good pretext for avoiding the use of chloroform. It is, perhaps, adapted best of all for use in the very painful operations which it is so frequently necessary to perform on the fingers and toes. Here it can be applied from several sides at once, and a more complete and a less transitory degree of anæsthesia produced.—*Medical Times & Gazette.*

PRIZE ESSAY.

In the September number of the *New York Medical Times*, a report is given of a clinical lecture in the New York Hospital, in which is described two cases of ununited fracture, treated after what the Surgeon (Dr. Markoe) called the method of Dr. Brainard, of Chicago. One of the cases it appears was successful—but Dr. Detmold, a Surgeon of some distinction in that city, claims, and as his letter below would seem to show, very justly, a priority in the idea and practice. The operation consists in making several perforations through the ends of the fragments of bone by a common drill through a single opening in the shin. Dr. Detmold's note to the Editors of the *Medical Times* on the subject published in the October number is as follows:

“New York, Sept. 4th, 1854.

GENTLEMEN:—In the last number of the *Times*, Dr. Markoe in his clinical remarks, speaks of an operation for ununited fracture, and says, “I propose to adopt a plan which was first suggested to us by Dr. Brainard, of Chicago,” etc. Now I have no fault to find with the *first* suggestion, but the operation I claim as original and as mine. I performed it successfully four years ago upon a patient who was dismissed from the City Hospital with ununited fracture of the tibia, and presented the case before the New York Academy of Medicine.* In another case, likewise dismissed from the City Hospital, I requested the New York Academy of Medicine to appoint a committee to witness the operation and its results, which was done and reported upon. The first case was referred to, if I mistake not, in the very first number of the *Times*, by one of the Surgeons of the City Hospital, and a slur thrown upon the operation or the operator, I forget which. I have lately conversed with Dr. Brainard on the subject, and convinced him of the priority of my operation.

Very respectfully yours, &c.,
WM. DETMOLD, M. D.”

Some time since Dr. Brainard reported as novel, the treatment of the bite of the Rattle Snake with Iodine. A practitioner at Joli-

*This case and the operation were reported in several Medical Journals.

et in Ill., soon after showed that he had reported cases treated successfully by Iodine some time before—and since then it has been proved that another physician in Ill. preceded them both in the published use of the remedy; and we should not be at all surprised if when the noise of this controversy spreads abroad, some other Surgeon comes forward and proves that neither of the contestants is entitled to the claim of originality.

We have indeed, a vague impression that we heard something of a similar operation some years ago, (perhaps it was Dr. Detmold's publication) and shall wait with a degree of curiosity the results of the discussion. The fact that a prize was awarded the essay describing this method, by the National Medical Association in May last, gives the subject additional interest.—*Peninsular Journal of Medicine*.

IODINE AS A TOPICAL APPLICATION.—The topical application of this remedy is becoming very general in London. The following is the formula: \mathcal{R} Iodinii 3j., sp. vini rect. 3.; ft. solutio. It should be applied in glandular affections beyond and around the enlarged parts, so that the absorbed fluid may be carried through the gland by the lymphatic vessels. It is used topically, 1st, in pleuritic and neuralgic stitches; 2nd, to the throat in cases of aphonia or hoarseness; 3rd, to the mucous lining of the throat itself in cases of congestion and of enlargement of the tonsils; 4th, around the external parts of the eye, in cases of strumous inflammation; 5th, in all forms of periostitis, whether syphilitic or strumous; 6th, in glandular affections as above mentioned; 7th, as injections into cysts and cavities of abscesses, provoking adhesive, but not suppurative inflammation, as in hydrocele.—*Med. Times and Gazette*.

DIVISION OF MUCOUS MEMBRANE TO CURE FISSURES OF THE RECTUM.—Mr. Quain, in his recent work on Diseases of the Rectum, states that while performing Boyer's operation, viz: division of the sphincter ani for fissure of the rectum, his patient moved so that the bistoury only divided the skin and mucous membrane. In watching the effects of this simple operation, he found the success was complete and the patient cured. In claiming this agreeable modification in the treatment of fissures of the rectum, he subsequently found he had been anticipated in it by Sir Benj. Brodie.—*Nashville Journal*.

DIAGNOSTIC SIGN OF CHOLERAIC DIARRHŒA.—The New York Academy of Medicine calls attention to the fact, that the diarrhœa of epidemic Cholera is always *painless*, while that of common Cholera is more or less painful.—*Nashville Journal*.

EDITORIAL DEPARTMENT.

THE AMERICAN MEDICAL PROFESSION.

The members of the American Medical Profession, as a body, present an array of talent, learning and dignified bearing, entitling them to a conspicuous rank in the estimation of the profession throughout the world, and rendering its members worthy the high office they aim to fill and adorn. As the efficient laborers in a profession in its comparative infancy, they well deserve all that is accorded to them when we consider the briefness of its history, the circumstances surrounding it from its earliest date to the present time, the number and value of the contributions it has made, and the improvements effected by it. We avow ourselves partial to our own medical men, and sufficiently "native" to advocate our own claims and defend our national rights, our own Profession always—*"right or wrong"*—and trust that we shall never so far prove recreant to its standing and position as to forget the distinguished efforts of those who have been instrumental in exalting it to the prominent position which it has attained in this country and elsewhere.

The traveler may go abroad, visit certain governments and countries whose first history time has assigned almost to *archæology*, note the advancement of science in each, the perfect order, system, and apparent perfection which long centuries have slowly and carefully instituted, beside being substantially aided and maintained by lavish appropriations from governmental treasuries. To glance back over the waters to his own home and country, reposing in its own unostentatious and unpretending position, while his vision is beclouded and obscured by the tinsel investments and vain show of royal trappings, and then to institute unfair comparisons and draw most unjust and unfavorable conclusions in relation to its scientific and other interests, are the natural results of a weak and surface mind. To forget that in all departments of our coun-

try the utilitarian principles and features are strongly engrafted upon, and interwoven with, our scientific, intellectual and civil systems, is another evidence of his want of capacity to understand our national proclivities, peculiarities and excellencies, and his utter ignorance of the condition of the different departments of his own land and country.

Medical science here has rested for its success and advancement almost entirely upon the individual efforts of its own disciples and votaries. The self-reliance of the members of the profession upon their own mental resources has been and still is one of the great elements in its rapid strides. The same disadvantages under which it has labored would have consigned it to an oblivious obscurity with any other people on the globe. The sparseness of the population, in the early history of our government, was *not* favorable to the collection and the systematic classification of facts, and hence the difficulty for a long time of advancing the condition of medical science. And yet the stern requirements of humanity and necessity demanded the exercise of scrutiny and observation on the part of each individual, but the want of Medical Journals denied them an opportunity of placing these facts upon record. The materials were therefore disjointed, and no common structure could well be formed. It is true that times have changed with the unparalleled improvement and progress of the country, which has brought with it abundant means of observation, and we maintain that these opportunities have been well improved, although we may not have reached to an approximation in excellence as boasted of by those upon whom the smiles of royal favor have been bestowed and the resources of its treasury have been lavished. There is no aristocracy in science in this country save that which springs from worth and talent. Each one thinks, investigates and concludes for himself, particularly those who have devoted their time and talents to the work of inquiry and research. He proceeds with his work of investigation regardless of illiberal criticism or condemnation from any quarter. No titled dignitaries to sit in umpire upon the opinions of men, or crush the aspirations of the humble and the obscure. We have no royal favorites, whose weight in the scale of influence can chill the hopes of a zealous and efficient student, and whose word of condemnation is but *annihilation*. We have no "*Sirs*" or notable physicians to the Emperor, *the King, the Queen*, or some "*coof*" of a lord, well mated to some more vain than sensi-

ble "*lady*"; but each one is on an equal footing, so far as advantages go, and each one is permitted, nay, encouraged in the strife to excel. The progress of improvement does not depend upon the whims and caprices of a few whose minds are made weak and almost imbecile by the "empty flatterings" of royal partiality, as in the old monarchies, but the responsibilities rest as heavily upon one member as upon another, and the position of each is only determined by the number, and more particularly, by the character of his productions. He has no fear of royal arrogance, but is cordially and promptly awarded that distinction he merits. The members of the profession *en masse* are his peers, and he looks upon them as the impartial arbiters of the value of his labors.

Hence here, and there, and almost every where, over this extended country, are found pillars and props with equal capacity to advance the interests of medical science by the results of their observations and research, and by their masterly contributions. Populous cities and towns grew up upon the Atlantic border, and here the work commenced, and for a long period the labor was confined to, and rested upon, those who had selected this field as the theatre of their action, and the science of medicine as the theme of investigation and elucidation. But now, to use the language of a certain class of liberal politicians, we know no *north*, no *south*, no *east* nor *west*; because in all sections of our common country there are dense human settlements whose wants and requirements demand for their welfare the highest attainments, and equal acquirements with those of any other.

These thoughts were set in motion upon looking over the assemblage of our brethren at the recent meeting of the Association.—Although all the medical talent of the nation was not there, still, from every part of the Union, there was a good representation. With deep interest we surveyed the countenances of many distinguished men, whose labors and devotion to the best interests of American Medical Science made us to yearn toward them with a feeling of gratitude and affection which one brother should feel for another, mingled with deep-felt admiration for their many qualities of head and heart. And while we sat in their midst indulging in a quiet survey of each, we felt a pride that there were those present who would adorn the profession in any country, and that yet behind in their respective fields of labor, there were others

whose brilliant career had rendered them conspicuous at home and abroad.

We say we felt proud, but quickly succeeding to this, there was also a feeling of chagrin, that any one would prove fratricide enough to decry his own profession, or by instituting unjust comparisons, lower the standard of medicine in his own country.

Were we competent to the task, we would give a sketch of the prominent men composing that body, with a history of their services and labors; but we shall hope that the task will be undertaken by some one who will give us a biography of the lives of the prominent men of the profession of the country, of the past and present times. Such a work would prove interesting as well as profitable, and we trust that some one competent to the performance of such a work will undertake it.

P. S.—Since penning the above, we observe that the "New Jersey Medical Reporter," has commenced the work in a series of articles. This is commendable, and trust that this excellent periodical will prosecute it. It will give the engraved portraits of many or all of those whose biography is published.

SCALDS BY STEAM—AN ACCOUNT OF A RAIL ROAD ACCIDENT.

It was our unfortunate lot to be a part of the same train of passengers in the cars upon the Chicago and Rock Island Railroad at the time of the sad accident which occurred at 2 o'clock on the morning of the 2d Nov., ultimo.

The character of the accident was more appalling than any other perhaps which has ever taken place upon any Railroad in the country, not so much because of the number injured as the shocking nature of the injuries. The fracture of bones, or wounds incised, contused, or lacerated, do not seem so horrible or distressing as those of scalds or burns, and especially where the hot, scalding steam is the agent in their production. No wound can present such hideous deformities or distortions than those produced in this way, where the features are seared and denuded of their skin and cellular tissue beneath, and the lips, eye lashes, and eye brows are removed and the eyes themselves scalded in their sockets and closed.

Sixty or more human beings of all ages and sexes were in the car which, when the engine was thrown from the rail track, was laid over upon it in a position so as to receive the whole amount of

hot steam which had accumulated in the boiler, diffusing itself through and among the unfortunate inmates. Two children were taken from the car dead, while the number of twenty, or more, were so severely injured by the inhalation of the scalding steam and its effects upon large portions of the surface of the body, as to place the sufferers in the most excruciating agony and in a most hopeless condition.

The surfaces denuded of their skin covering, often including much of the cellular tissue beneath, which hung in masses and in shreds from their faces, their hands, the points of their fingers and their arms, were left of a deep red color, as if the blood was in a condition of stasis in the capillary vessels and having lost its watery constituent. So large were the abraded surfaces and so extensive the destruction of the capillary circulation, that the blood was forced upon the internal and vital organs. From its contiguity to the heart and because of the great shock upon the nervous system and the expenditure of the vital forces, the brain suffered particularly. Then again there was superadded to these the imperfect aeration of the blood resulting from the lesion of the capillary bronchia, the consequent congestion upon the lungs themselves favoring the production of these symptoms of such exaggerated import as not to be easily overcome, so that in a few days several of them sunk down and died. Such was the lesion of the bronchia of the lungs in one case that the vesicular murmur was not detected in any region of the anterior surface of the throat, and it was very difficult to arouse him from the deep coma into which he had fallen. Toward the close there was cyanosis of the face and the upper and lower extremities, and yet notwithstanding the great extent of these multiplied injuries his stamina powers resisted for three days, when the struggle ceased and death triumphed. With some modifications in the symptoms the others, who died within the same period, presented similar phenomena.—With several of them there was liberal effusion in the cellular tissue, particularly the face and extremities. The tongue in a few of them we observed to be swollen, red, in some instances dry, and in one case, which we could examine, the whole buccal cavity, with the fauces, was highly vascular, and in the latter covered with ash colored spots, as if the mucous lining was about to slough. There was in the worst cases, and those particularly who had suffered by the inhalation of the scalding steam, a secretion of muco purulent

matter streaked and rusty with blood globules, which was of difficult and painful expectoration. We did not observe any cough, which we accounted for because of the loss of sensibility from great lesion or destruction of the mucous lining of the bronchia.

In the worst cases where there were extensive abrasions of the surface, one of the prognostic symptoms or means was denied us. The hands and arms being deeply abraded, the artery at the wrist could not be examined, and the only knowledge to be gleaned of the condition of the circulation was by the radial or ulnar, just below the division of the brachial, if the foot were unhurt, the pedal continuation of the anterior tibial artery, or otherwise with the ear over the region of the heart. No reaction to any appreciable or favorable extent took place with those who died within the time above alluded to, as the abraded surfaces continued of a pale and cadaveric appearance.

The treatment consisted of external dressings to the abraded surfaces, of those showing reaction to have taken place, of a soothing character; while to those indisposed to react, they were of a more stimulating nature. The *ol. terebinth* warmed was applied, or it was combined with *ol. olive*, or the liniment composed of lime-water and linseed oil. In all cases where there were blebs of serum, they were punctured at their base, the serum evacuated and the cuticle allowed to fall down and remain to cover and protect the part from the mischievous action of the atmospheric air. In some cases where the parts had so far lost their vitality as to demand the application of a direct stimulant, the skin was removed extensively for that purpose. In some instances large portions, including deeper tissue, were removed.

To quiet the nervous system anodynes were used, and to sustain the flagging and failing vital powers, stimulants, with nourishing food, was prescribed and given. As an organic and diffusible stimulant, *ol. turpentine* in doses of 15 drops in the form of emulsion, was exhibited every two, three, and four hours. This was very desirable also, because of its well known power of imparting tonicity to the blood vessels, which were wanting in this particular. The circulation in the vital organs was in those cases struggling in its round in consequence of the enfeebled state of the vessels, or the want of normal tonicity, from the great loss of the biotic and dynamic forces, which condition would favor congestion and accumulations. The condition of mucous tissue of the bronchia de-

mended its use, and those suffering from effusion would be benefited by its diuretic powers.

These cases, in many of their features, resembled adynamic erysipelas, with the exception that there was previously no blood poisoning, although it became so subsequently in consequence of the imperfect aeration of the blood from the extensive lesion of the capillary bronchia. The carbon was retained in this way in the blood, still further embarrassing the circulation, and in these cases also, where a large surface was destroyed, the depuration by the sudoriferous follicles of the skin was largely diminished.

It will be seen at a glance by an intelligent Pathologist that no therapea, however timely and faithfully exhibited, would have been of permanent avail in these exaggerated cases. The great shock upon the nervous system would *per se* have had there been no other cause or causes to perpetuate the evils, sufficiently grave, but where there were superadded other sources as above referred to of portending destruction attending and following, there was no power which science could bring to bear to avert the deadly consequences.

It is but just that we should say in conclusion, that the medical corps of Joliet, who deservedly rank high in their profession, exerted themselves in behalf the sufferers who were strangers among them, and deserve great credit for their assiduity, faithfulness and the exercise of their skill to save all that was possible, and if not, to relieve anguish and suffering as far as was possible. Being thrown among them as a stranger, we were kindly and respectfully treated by them to an extent which made our stay, so far as our intercourse with them was concerned, very pleasant and agreeable ; and when we left, it was with feelings of gratitude to them, as well as to others, who did all in their power to make our detention as pleasant as under the painful circumstances it could be.

So frequent are accidents upon rail-roads at the present day, that it will become necessary, if no preventative means can be adopted to protect the travelling public from accidents and death, to establish Hospitals upon the different routes, carry a medical chest on each train, and appoint a travelling surgeon to accompany each.

FORMULA.

We suggest the following formula as worthy the consideration of the practitioner :

SYRUP OF ELDERBERRY.—This is considered superior to the syrup Sarsaparilla, by those who have used it. The common elder shrub possesses in its root, bark, leaves and flowers, manifest medical properties ; purgative, diaphoretic, diuretic, alterative, aperient, and the leaves a discutient as a poultice ; and, it appears from recent trials, that the juice of the berries possesses alterative properties of a high order. This will be quite a desideratum to the practitioners of the West, as the shrub grows abundantly along the borders of our streams, and in the rich alluvial bottoms. It is the *sambucus canadensis* of Wood and Bache. To every pint of the expressed juice a pound of refined sugar is added, and then boiled to a syrup ; and to every pint of syrup, an ounce (fluid) of good brandy is added, to prevent fermentation. Iodine, Iod. Pot., arsenic, &c., may be added, each as required.

There is no more medicinal property in Sarsaparilla, than in an equal quantity of *dry straw*, in our opinion.

LIQUOR MORPHIA COMPOSITUS.

This is a beautiful preparation, and while we thank the Journal of Pharmacy for it, we will give it for the benefit of our readers, and can assure them after considerable experience in its use, that it is one of the very best anodyne preparations we have ever used, as it does not produce the cerebral symptoms to the same degree with any other forms of opium, as we have found it admissible when all the other forms had been rejected. In diarrhoea, and in dysentery, it has proved a most valuable anodyne, in children particularly.

R Acetate morphia 3j.,
Acetic acid dilute f 3j.,

Dissolve and add—Dilute alcohol f 3vij.,

Wine ipecac f 3ij

M.

Ten drops equal to 1-8 grain morphia, and 1-8 grain ipecac, and 14 drops equal to one grain opium. In febrile diseases the wine ipecac might be increased to 3ij with advantage. It is easily taken, and where accuracy is particularly required it can be attained, as one drop is the 14th part of a grain of opium. We have, however, given it in larger doses than the above.

Verdict against Dr. S. T. Beale for Rape, while the Defendant was under the influence of Ether.

This is one of the most unaccountable verdicts we ever heard of. A young woman swears to being forced while under the influence of ether, by a man whose character stands as high as that of any other in this community. The defence was neglected, and a new trial is demanded by an indignant community.—*Phila. Med. and Sur. Journal.*

The above case involves a medico-legal question of some importance. Was the lady in question under the full influence of the anæsthetic at the time of the perpetration of the outrage which she charges against the defendant? The chief purpose and object in the exhibition of an anæsthetic of any kind, is to destroy sensibility so that the patient may not be conscious of the suffering incident to the performance of a painful operation. The only other benefit to be derived from it would be to quiet muscular irritability, and consequent contractibility, so that the operator may not be interrupted by the movements of the patient. But the benefits of anæsthesia do not rest upon this, which is a minor consideration when compared with the humane aspects of the question. Those who herald forth the great advantages of etherization, place it upon the ground that it renders the individual to whom it becomes necessary to exhibit it, insensible to the pain and agony consequent upon important operations, or other conditions of great suffering. This is the experience of every surgeon, for if the patient comes promptly and fully under the influence of ether or chloroform, and the operation is completed before he awakes to consciousness, and then questioned on the subject, his replies will show that he knew nothing of it.

Now this is the great desideratum claimed for the exhibition, and the use of the anæsthetic, and it is the only one which would justify the exhibition of so subtle and dangerous a remedy by inhalation. Now if this young lady was under the use of the chloroform, was she susceptible of feeling and consciousness, without the power of resistance? This brings us to another enquiry, namely: will it control the motor nerves, and the nerves of sensibility still remain alive to impressions. Experience and observation shows that persons under its influence do often make movements and yet be unconscious of impressions, or when free from its influence retain no remembrance of any circumstance which had

transpired, even when highly sensitive tissues had been invaded by the knife.

It is our conviction, that if she were fully under the influence of the chloroform, so as to deprive her of all power of resistance, she was wholly unconscious of the act, and could have had no recollection of it.

This circumstance occurred about the time of our recent visit to Philadelphia, and was discussed freely in certain circles. The reputation of the Surgeon Dentist was said to be above reproach, and he had an interesting family at the time. It appears that after all this should have transpired, she took his arm while he conducted her to her carriage, and during this time laughed and smiled in his face *very endearingly*, and continued a pleasant *tete a tete* with him at the carriage after she had taken her seat.

If any wrong were perpetrated and these facts last stated are true, then for *his* purposes we think the anæsthetic to have been unnecessary.

Now we will admit that if he did, as charged, take an advantage of her somnolent condition and perpetrate such an outrage upon her person, he deserves a punishment the very highest known to the law. We can find no palliation for such an offence against the innocence and purity of a defenceless female. We can scarcely conceive of a higher crime, and the law should make a conspicuous example of *him* who will dare to violate the sacred trust reposed in him.

But we are incredulous as to his guilt and will continue to be until we see stronger proofs than have been presented. We must know that there were other evidences of the *rape* than her testimony alone. Justice claims that he should have another hearing, and we hope that this new point in legal medicine may be settled by the testimony of competent scientific witnesses.

As we have before stated Dr. Beale sustains an unblemished reputation in Philadelphia, and the announcement of his guilt and that the charges were made by a young lady of good standing in society, were circumstances which awakened much surprise and astonishment on the part of the citizens and much speculation was indulged in.

This case has its warning however. The charlatan with this subtle agent in his pocket, would have it in his power to perpetrate out-

rages and the victim at the time be insensible and unconscious of it. The retired situation of dental rooms, and other circumstances arising out of the discharge of his duty in his profession would favor the schemes of a villian in the perpetration of acts of the foulest atrocity upon unprotected and confiding females.

HYDROCYANATE OF IRON IN EPILEPSY.

The Journals from the "other side of the waters," contained a short time since notices of cases of this disease successfully treated with this therapeutic agent, and our own periodicals have republished the report. We have had for some time past a case which, although much relieved by the use of nitrate of silver, combined with tonics and antispasmodics, was not, however, entirely relieved. We theretofore determined upon a trial of this article, as it was one of those cases in which the remedy, if proper in any case, would be demanded in this. It was, however, with difficulty that the article could be found, as we had written to all those places where it was most likely it could be procured, but without success, until we addressed a note to Prof. Proctor, of the College of Pharmacy of Philadelphia, who, because it could not be found in that city, proceeded to prepare some himself, in which he succeeded, and forwarded it by mail. The patient was immediately put under its use, which is now nearly two months since, within which time he has not had a single paroxysm. His general health has improved, and his memory, which was sadly at fault, is now as retentive as before. He expresses a decided change in his feelings, and in his intercourse with family and friends is sprightly, joyful and hopeful. We indulge in the confident hope of his permanent recovery under the use of this new remedy, for which we are much indebted to Prof. Proctor, who, in his letter to us, remarked that he would refer to it in the next Journal of Pharmacy, now due, but not received.

We believe that this is the first instance in which this remedy has been used in this country—at all events it is the first of which we know any thing.

If the results in this case be permanent, the case will be reported by the father of the youth, a retired medical man, and one of the most prominent and valuable citizens of the State.

Ohio R. R., and east of Cumberland, the Cholera was there also. This arose from the stagnant water in the C. & O. Canal, holding in suspension vegetable and animal matters.

At Cumberland we took the coach and crossed the mountains to Uniontown, Pa. Along the route our attention was frequently called to some mountain specimen of humanity, whose sallow icterode look indicated an intermittent. This occurred so frequently that we were led to enquire into the cause, when our supposition was fully confirmed. We were somewhat astonished to find these cases so numerous in these high mountain regions. We had traversed these very often in times past, but we never saw so many cases of purely intermittent there before. The physical aspects of the people generally through these regions were unfavorable, and would not compare in vigor, freshness, and other evidences of health with the people of the west. They impressed us with the idea that they were a decaying and declining race, and far, very far, from filling the ideal picture we have been in the habit of drawing of the "hardy mountaineers." A gentleman was pointed out to us as a physician who was plodding along through these giddy heights, and it occurred to us that for his extraordinary labors, his exposures, his devotion, and his more than monkish seclusion, away from social refinement, he should have a pension settled upon him for life. We descended from these rugged mountain heights into the rich and fertile valley below, in which is situate, and which is to be seen from a point in the mountain, the village of Uniontown.

During our stay here, we learned that the place had been very unhealthy during the hot summer months. A medical gentleman there, Dr. Patrick, informed us that as many as forty children had died from gastro-enteritis, in a population of a little over three thousand inhabitants; a mortality which would frighten the citizens of our western cities and towns.

There were cases of fever, which from the description, were of a low type of continued fever; perhaps the ataxo-dynamic, as described by Andral.

While wandering through the streets of this place, now more than a half a century old, the great number of old and decaying wooden houses attracted our attention. An enquiry suggested itself touching the influence these decaying tenements might exert

over the health not only of the occupants, but the citizens at large. The gaseous exhalations from the decomposition of ligneous or woody matters are mainly carboniferous, well known to be deleterious to health, and in contracted forms, destructive to life; and may not certain endemical visitations in certain localities of cities and towns often depend upon this as the cause. The form of fever termed ship-fever, is believed to proceed from the poisonous emanations arising from the dry decomposition of the hulls of ships. We have seen instances ourselves, which would go far to sustain this position. If so in this instance, why not affect the health of the inmates as well as of those living in the midst or in the neighborhood where a majority of the houses and other structures were under the dominion of a rapid decay and decline?

This subject is worthy the consideration of the "*fathers*" of those old towns whose houses are now decayed, and if annual visitations of some form of disease takes place exclusively in those localities, then they should be abandoned or the cause removed.

SURGICAL CLINIC.

Several interesting cases have been brought before the class of the present session to be operated upon.

The first was a gentleman from Henry County, in this State, who had suffered for some time from urinary calculi.

In May last he submitted to an operation, and although a stone was extracted, another still remained behind, which the patient soon perceived, and advised the physician who had operated of the fact; who, as the patient himself says, intimated in a letter to him that it was impossible that it could be so.

He persisted in his opinion, and concluded to seek further counsel, and came for that purpose to the Hospital, and placed himself under the care of Prof. Hughes.

Owing to an increased curvature of the urethra in consequence of an incision into the rectum, and the subsequent cicatrization and union formed between the neck of the bladder and rectum, the former was drawn down, producing a serious difficulty in the introduction of the sound which required to be so modified in shape as to adapt it to the direction of the urethra. The sound once introduced, confirmed the opinion of the patient himself, of the existence of a calculus.

An operation was determined upon, and after some preparatory measures, he was brought upon the operating table for an operation. A few explanatory remarks were made to the class, and after the patient was brought under the influence of chloroform, Prof. Hughes proceeded with the operation, and from the time of the first incision, in four or five minutes the stone was extracted.— But little blood was lost during the operation. The bi-lateral operation was adopted in the case, and was selected because of the former injury to the rectum, and the consequent union there between it and the neck of the bladder.

The lithotome of Dupuytren was used in this operation, which is a great improvement over the gorget.

Prof. Hughes will report the case we understand in full; and if so, it shall appear in the pages of the next Journal. This operation, where no difficulties exist, is certainly a capital one; and he who enters upon it should feel himself competent to succeed, otherwise a prudent regard for the life of his fellow, and a respect for his own character, would restrain his hand. In this case there were embarrassing circumstances, and even with these, the operation was performed most deliberately, skillfully and promptly, and the result has placed Prof. Hughes as one among the very best operators, if not the very best in the West.

At this writing, ten days after the operation, the patient is doing well, and will return to his home during next week, if nothing unforeseen takes place to prevent.

PRESENT COLLEGE SESSION.

During the last session the very large increase of the class over any one session of former years was a subject of general remark, as well as congratulation, by the friends of the institution.

The present, however, far exceeds even the last session in the number of pupils, there being now nearly sixty, and eight or ten yet to come.

The public and the profession will require no better or surer evidence of the efficiency or the prudent management of the institution under the present Faculty, nor will either require a stronger guaranty of its future success, or its still more extended usefulness.

Two years have elapsed since it was thoroughly re-organized,

when it became more decidedly a State institution, or in other words, it was so modified as to adapt it to its wants. The Faculty found it largely in debt, although the State had made a liberal appropriation for its benefit, which was entirely consumed. The manner of its disbursement, and the direction which it had taken, will be made known to the legislature; who will, doubtless, have the right to enquire into it, and it will be the duty of the Dean to report the particulars.

But although the burthen at first seemed almost insurmountable, yet the public good demanded that the effort should be made.—The work of regeneration was commenced under the most disheartening circumstances, and yet, after much toil, labor and anxiety, the Faculty have struggled through the difficulty, and have triumphantly placed the institution upon the high-way of success, beyond the expectation of its most ardent friends, and upon a firm and reliable basis; although menaced and opposed by low means and under-current measures, indicative of the minds and morals of its few enemies.

The first step in reorganization was the payment of debts which should have been met, as designed, by the fund appropriated. To do this, then, private and individual credit, and the private resources of individual members of the Faculty, were pledged and given. Some of the more pressing debts were wiped out and removed; others, through the magnanimity and generosity of the creditors, were postponed. Meanwhile, debts, of which the Faculty knew nothing previously, were most unexpectedly brought forward for payment. Although chagrined with the evidences of the previous recklessness and bad management, they persevered and met these also. At this time we can say that almost every claim against the College has been met, and our financial difficulties removed. Such in part (and it constitutes a very small part) have been the difficulties under which the Faculty have labored, but as a reward for their perseverance they now see the school in the most prosperous condition; an honor to the State, the pride of the profession, and at the same time an object of the most tender solicitude on the part of the Faculty.

The same proportionate increase in the last two years would give the school one hundred pupils next session, and we do not entertain a doubt but that the number will be nearly up to these figures.

Our aim is to elevate the standard of the profession by sending forth from our halls men fully competent for the discharge of responsible duties of the profession. This is the great object, for we well know that the position and future welfare of the institution will depend upon a strict adherence to these principles. We will not suffer ourselves to be beguiled from our fixed and settled rule by any consideration of favoritism or any other influence, well knowing that while we pursue this course, we are substantially contributing to the best interests of community to an extent far beyond almost any other consideration. There is no one thing, perhaps, which will contribute more to the comfortable security of the citizens of a community, than the fact of the presence among them of enlightened and scientific medical men.

The profession, too, looks upon us with interest and indulge in ardent hopes for our success. We have the most abundant evidence of this. They see that within the limits of their own State, and at a trifling expense, they have abundant opportunities of prosecuting their enquiries into medical science, and of completing their studies.

Many have availed, and others are now availing, themselves of these benefits and privileges, heretofore so much desired.

To these and to all, we give the most solemn assurances, not by words only, but by our acts and efforts, of an unfailing devotion to our duty, embracing every requirement in our responsible position.

TESTIMONIALS OF GRATITUDE.

The citizens of Savannah have recently held a meeting for the purpose of expressing in a suitable and substantial manner, their gratitude to the Medical men of that city, and to those also who came from other cities to their relief during the recent epidemic visitation, for their faithful services, and their untiring efforts in behalf of the afflicted.

Drs. Redwood and Hamilton, of Mobile, and Dr. Cross, of New Orleans, were invited to attend, and before a large assemblage of citizens the Mayor presented them with a service of plate, each, for their noble services in the hour of their trial. These gentlemen above named had volunteered their services when the epidemic was sweeping away the inhabitants of the above city, and faithful to

their high and holy purpose, they continued to labor through all the dark hours of its prevalence, in the face of ever threatening danger to themselves.

Resolutions were offered applauding the conduct of the resident physicians for the unfaltering perseverance in their duties, and another, which proposes the erection of a suitable monument to the memories of those who fell while contending with the disease.

We ask no better evidence of the liberality and intelligence of the citizens of Savannah than this noble demonstration of their gratitude, and every medical man of the entire country should cherish the recollection of that people, who, in this public manner, have so emphatically testified in behalf of medical science and the profession. *They* understand and appreciate the labors, sacrifices, and dangers, to which medical men are exposed; and show a liberal disposition to make it manifest to the world.

Had an enemy besieged their town, and then entered by storm, scattering death and desolation in its onward march, those who heroically and manfully contended every step of its progress, and resisted every attempt at conquest, rapine and blood, would have had their names placed upon some enduring tablet to be perpetuated, honored, and revered in all coming time.

Noble as such an act would be, it is nevertheless no more than was performed by these self-sacrificing men, who, night and day, met the fearful enemy, nor knew what moment they themselves might be stricken down in death.

From the very depth of our hearts we pray that the citizens of Savannah may hereafter, during the existence of the lives of the present inhabitants at least, remain exempt from any further visitations of disease, that they may enjoy health and a long and happy life-time as they deserve.

THE PROCEEDINGS OF THE STATE MEDICAL SOCIETY.—We have been looking anxiously for these proceedings, and hope that the Secretary will be able to present them to the public before long. If the delay in the publication arises from a deficiency in the Treasury, we trust and hope for the honor of the members of the society, it will soon be supplied. Let the Secretary call upon the delinquents, who, we trust, will have no hesitation in forwarding their annual tribute.

Reviews and Bibliographical Notices.

REPORT OF POISONED WOUNDS. By A. F. Geeter, M. D., Palmyra, Mo.—
To the Medical Association of Missouri.

This is a very interesting pamphlet, and well written. The Dr. has experimented largely with the poison of serpents, and his views well sustained by observation and facts. May not the rapid and great swelling depend upon the transudation of the watery parts of the blood into the cellular tissue, while the capillary circulation is in a state of stasis, and the color the result also of a congestion of those vessels? The blood in the subcutaneous vessels, found to be coagulated, indicates this loss; the fibrin and the more solid constituents remaining within them.

The pamphlet is a valuable contribution, and exhibits a mind imbued with the importance of research, and an ability to prosecute it. Will the author continue his enquiries?

OBSERVATIONS ON SIMABA CEDRON. By S. S. Purple, M. D., N. Y.

This is a pamphlet of sixteen pages, devoted to the discussion of the remedial powers of the above article in the control of intermittent fevers, together with a history and botanical description of the tree.

It recites cases in which cures have been effected when quinine had failed even. It grows in Central America, where it has been used with success in the cure of the bite of the most poisonous reptiles. Dr. Purple procured a package of the seeds and tested, in several cases, the value of this new antiperiodic in intermittents.—The result was highly satisfactory to him, and the facts thus gleaned he has embodied in this pamphlet, for the benefit of the profession. Dr. Magrath, it appears, has used it profitably in yellow fever, as well as intermittent, on the Isle of Jamaica. It is claimed that it produces less cephalic manifestations, and that its powers as an antiperiodic are equal, or nearly, to those of quinine.

The value of the discovery, in our opinion, will rest upon the

abundance and cheapness of the article. We cannot hope to procure better antiperiodic or febrifuge properties in any thing than the bark or its preparations. But its cost is great, and any article which will make a good substitute and cost less, will prove a desideratum. We have had at different times *cornus florida*, *capsicum*, *arsenic*, *chlor sodium*, &c., each and all proclaimed as being equal to the quinine, and yet, after all, when we look for certain results, we resort to bark or its salt, the quinine. We shall bide our time, and note the results, as they are developed by experiment and observation.

The pamphlet is well written, and the facts it records highly interesting.

CONGESTION OF THE BRAIN IN CHOLERA. By James M. Newman, of Buffalo.

Among the "innumerable reports, essays, and theories," we find this, a pamphlet well written, upon the above subject. The author describes a class of cases as having no pallor nor any shrunk condition of the countenance, and that when reaction has been established the glow upon the countenance, which would in no way indicate that they had just escaped from an attack of the cholera.

In these cases there could not have been a very great expenditure of the serum of the blood, so far or so freely as to result in the loss of the watery portions of the tissues of the body. When the blood loses largely and suddenly of this constituent then it reaches beyond the walls of the vessels, and gleans supplies from the different tissues which yield it, upon the principle of exosmose, and as water is so large a constituent of the body, when it is freely expended, there is a great reduction of its bulk, and the surface of course becomes shrunk, shriveled, and contracted.

We cannot well see how there could have been the ordinary expenditure without being attended with these results, and, as these last are in proportion to the loss, therefore we infer that in the cases alluded to there could not have been much loss of the blood, and but little expenditure of the vital powers through this means. If this be true, then what was the pathological condition?

There is irritability of the stomach and diarrhoea, and the dis-

charges in both states not characteristic of cholera. This condition the author refers to congestion of the brain. But why this congestion? Have we here the presence of a poison in the circulation? If so, is not the irritation of the brain the result of the changed condition of the blood, because most impressible by these changes?

The irritation would result in a disturbance of the vital forces, and most probably this change would be a loss of the nervous power. We would expect an unequal circulation, and a tendency to congestion upon the vital organs; as the brain, the lungs, and the gastric, portal, and the mesenteric vessels. We might have a changed peristaltic action, and an increased irritation resulting from this congested condition which may take place as well in these organs as in the brain, and in all at the same time. This, to some extent, takes place in the paroxysm of intermittents. We do not, therefore, fully concur in the opinion that these phenomena are the legitimate consequences of congestion of the brain, but in a concurring condition of the organs.

This congestion is passive, it is not likely to be accompanied by inflammation. Congestion is usually the first condition, which, if persisted in and continued, the result would likely be inflammation. But in this case it yields to treatment most proper to be adopted, and in the main in accordance with our views of the true pathological condition. In one or two particulars, we would differ with the author, and these are in omitting the use of opium, and the depletion by cups.

As we have ourselves seen a number of the cases as described by the author, we have found the use of opium in small doses to have been valuable in allaying irritability, and sustaining the brain forces. The applications of cold impart tonicity to the vessels—stimulants and tonics increase the vital forces until the morbid influences shall have passed away.

The pamphlet is well written, and the author deserves much credit for calling the attention of the profession to the subject.

NECROSIS OF THE TIBIA.

Since the case of lithotomy, two others have been operated upon before the class. One of extensive necrosis of the tibia, which dead portion was removed, and the patient is doing well.

Other cases are on the list of applicants for operation, and will shortly come before the class.

To those desiring the benefits of gratuitous operations, if done before the class, we would say that the clinics are on Wednesdays and Saturdays.

ON THE NATURE, SIGNS, AND TREATMENT OF CHILDREED FEVERS. By CHAS. D. MEIGS, M. D., Prof. of Midwifery and Diseases of Women and Children, Jefferson Medical College, Philadelphia.

Dr. Meigs is one of the most laborious men connected with medical science in the country, and his labors have enriched it. This last offering increases his claims upon the gratitude of the profession, and adds largely to his fame as a teacher and a writer. He approaches the discussion of a subject as if he had examined it to the bottom, and when he has arrived at what he believes to be correct conclusions, he avows them without hesitation. His style and his mode of conveying his thoughts are peculiarly his own, and is responsible, and it would appear that he is held to a rigid accountability. We have no particular fault to find with either, as we have yet found no difficulty in comprehending his meaning.— On the contrary, beside his vigorous style, there is something fresh and enchainin in it. There is no difficulty in understanding his propositions, and his illustrations are clear and forcible. If the first are true, and the second fair and just, then this is all we care for or ask.

We take this occasion to return our thanks for the favor of this last work, which was a present to us in person from the venerable and justly celebrated author.

[*By Blunckard & Lea, Phila.*]

HEALTHY SKIN. A Popular treatise on the Skin and Hair. Their Preservation and Management. By ERASMUS WILSON, F. R. S.

Mr. Wilson, in this little work now before us, has displayed an intimate knowledge of the subject of which he treats. The work is designed as a popular treatise, and the manner in which he treats the subject, places him deservedly prominent as a teacher in this department.

He treats of the nature of the scarf skin, and of the phenomena which it presents when diseased. This subject is illustrated with

drawings. Those showing the animals found in the unctious matter in certain diseased conditions, as revealed by the microscope, would, from their repulsive and hideous appearance, urge those having torpid skins to renewed efforts to awaken it to activity and action, in order to avoid the generation of these "creeping things" upon the body.

In fine, every medical man should procure this little work, and examine it carefully.

Blanchard & Lea, Philadelphia, are its publishers, and if it cannot be purchased here, it can be forwarded by express at a trifling cost, or by mail.

TO OUR EXCHANGES.—We have not received the "Ohio Medical & Surgical Journal," "The Journal of Pharmacy," and several others. For the benefit of publishers, we would say to them that a journal published in this city, entitled the "Medico-Chirurgical Journal," ceased to exist not quite a year since; but yet, as we learn, the former editor continues to receive exchanges. This has produced some confusion, and has been, and we fear still is the cause of mistakes, in which our exchanges are likely to take a wrong direction. We have a number of times received the exchanges due to the other periodical, but as often returned them. We repeat again, what we have several times remarked, that there is no other medical journal published in the State, except the "*Iowa Medical Journal*."

SURGICAL INSTRUMENTS.

We would call the attention of our readers to the advertisement of K. Klott, of Columbus, Ohio. Mr. Klott forwarded us a specimen of his instruments by express, and we are fully prepared to sustain the very favorable impression made in his favor by a letter from a friend in that city. The specimen before us is a small but choice case for the every day practitioner, a desideratum much needed, as the ordinary sized case is too large and too heavy for convenience. This waives that objection, and yet there are contained in it all the instruments usually required. The form of the instruments, their superior finish, and the quality of the metal, particularly speak for Mr. Klott as a very superior workman.

REPORT
OF THE
Dean of the Faculty of the Medical Department
OF THE
IOWA STATE UNIVERSITY,
TO THE
SUPERINTENDENT OF PUBLIC INSTRUCTION.

NOVEMBER 30, 1854.

Keokuk, Iowa, Jan. 15th, 1854.

*Gentlemen of the Senate
and House of Representatives:*

By reference to the report of the Superintendent of Public Instruction, presented to your honorable body the present session, it will be seen that the report of this institution has been omitted. Astonished at this, I feel myself called upon to state the facts in the case. Mr. Eads well knows that the report referred to was handed him in person by our representative, the Hon. R. P. Creel, on the evening of the 2nd ult. His report is dated Dec. the 4th, two days after the receipt by him of my report, and several days previous to its presentation to your honorable body. The design of the Superintendent in suppressing the report, is best known to himself, and is just cause of much suspicion. Such procedure by a public functionary in withholding from the people's representatives facts which it is their legitimate right to know, is a proceeding too high-handed to pass unnoticed.

In justice to myself, and in behalf of the Medical Faculty of a state institution, I have thought it my duty to deny the truth of the statement of the Superintendent, and as a recent demand of the House, of the Superintendent, for a copy of my report, cannot be complied with, owing to his absence, I have thought it proper to present each member of your honorable body a copy which has been taken from the original manuscript, and will not vary in meaning from the one already in the hands of the Superintendent.

With much esteem

I am very respectfully yours,

J. C. HUGHES,

Dean Medical Faculty Iowa University.

\$48 00. Here is a deficiency which has not been explained. Also the bill of C. E. Isaacs he reports to have been \$125 00, when a letter on file in this office from Dr. Isaacs states that the amount paid was but \$25 00. Thus the institution has lost \$200 which was appropriated by the State for its benefit, as shown by these exhibits, and as soon as he (the Dean) was informed by the Faculty that these documents were in their possession, he resigned his connection with the institution, leaving the chair of Surgery vacant.

A portion of the bonds upon which no payment had been made, was deposited with the house of Cox & Shelley, of this city, who met the indebtedness of the institution to the amount in their hands, the items of which may be found on the 11th page the former report. The amount of indebtedness of the institution at the time said report was made, will be seen by reference to page 12 to have been as follows:

Amount paid by Messrs. Perkins & Pitmann to		
L. J. Swart, interest to date, - - -	33	56
Paid by C. Garber & Co. with interest to date, -	182	50
Paid by J. E. Burke, - - -	61	83
Balance due Messrs. Curtis & Gilmore, - - -	78	51
Amount due Mr. Dewey, (about,) - - -	75	00
Paid by Mr. Anderson to Swart, - - -	41	38
Paid by Bridgman & Reed, - - -	125	00
J. F. Sanford for money paid for Chemical Apparatus and other purposes, - - -	297	00

Amounting in all to - - - **\$894 78**

This amount, \$894 78, is represented in the report as being the total indebtedness of the institution at the date of statement, but the Faculty have since canceled several claims contracted previous to that date.

The amount of indebtedness noted, \$894 78, has been canceled by individual members of the Faculty, with the exception of two items, viz: that of Bridgman & Reid, \$125 00, and that of John F. Sanford, \$297 00 in all, for which no definite arrangement has been made.

Besides the two hundred dollars specified above, the former Dean still holds a balance due from Messrs. Bangs & Bros. as will appear on page 11 of his report; also Surgical appliances belonging to the institution.

Although laboring under these embarrassments, yet feeling that the interests of the profession of our young and flourishing State demanded a renewed effort on the part of the Faculty, to sustain this department of the University, it was resolved by the remaining members to supply vacancies, and use every effort more fully to sustain it.

The Faculty was then organized by the appointment of

D. L. MCGUGIN, M. D.,
Professor of Physiology, Pathology and Microscopy.

FREEMAN KNOWLES, M. D.,
Professor of Theory and Practice of Medicine.

J. C. HUGHES, M. D.,
Professor of Surgery and Dean of Faculty.

J. E. SANBORN, M. D.,
Professor of Chemistry and Materia Medica.

E. R. FORD, M. D.,
Professor of Obstetrics and Diseases of Women and Children.

E. A. ARNOLD, M. D.,
Professor of Anatomy.

P. VAN PATTEN, M. D.,
Demonstrator of Anatomy.

This reorganization has resulted in making this department of the University more decidedly a State institution, and as such a lively interest has been awakened in the public mind in its favor, and the profession looks upon it as dispensing great good and as contributing to its best interests.

The chair of theory and practice becoming vacant before the opening of the session of 1853-'54, Freeman Knowles, M. D., who has been a successful practitioner in this State for the last thirteen years, was appointed to fill the vacancy.

Before the Faculty were enabled, by proceed of sales of saline lands to meet the claims due the City of Keokuk on her bonds issued for our benefit, interest had accumulated on said bonds to amount of some six hundred dollars. The City Council, knowing the many difficulties under which the institution was laboring, have in their wisdom and generosity released the College from the indebtedness.

During the session of 1852-'53, at which time the last report was made to the Hon. Thos. H. Benton, Jr., by the former Dean, our class numbered, as has been stated, but 15 students. After the reorganization of the Faculty and during the session of 1853-'54, the number of matriculants amounted to 41, while the whole number in actual attendance upon the lectures was about 50. During the present session, the number of students has been largely increased beyond that of last winter, the number of matriculants being already between 65 and 70, and will reach 75 before the close of the session.

This rapid increase seems to be sufficient evidence of the estimation in which the institution is held by its numerous friends through-

out the State, and also of the energy of the Faculty as well as their ability to instruct. We may add that the number of graduates at the close of the session of 1852-'53 was only 6. The number that graduated at the close of the last course of lectures, 1853-'54 was 18. While already the number of candidates for graduation at the close of the present course is 20.

It has become my duty to mention these facts as evidence of the increased prosperity and usefulness of the medical department. It is also a pleasure to me to record the uniformly harmonious and united efforts of the Faculty, during two years of difficulties and embarrassment. Nor must I omit to mention the courtesy and enthusiasm of the students, as evinced by their gentlemanly deportment, and their punctual and attentive presence at lectures.

While the efforts of the Faculty have been thus earnestly directed to the extension of the influence of the institution at home, the interests of this department have not been overlooked in the visits which several of the professors have made to the prominent Medical Colleges and Hospitals of the East during the last two years.

In the spring and summer of 1853, the Professor of Surgery spent some four months in the Cities of Baltimore, Philadelphia and New York, diligently employed in the cultivation of his department; at this visit, he was also the delegate of the College and the State, at the annual meeting of the American Medical Association.

During the last season, Prof. Sanborn visited New York and Boston, paying more particular attention to recent progress in chemical science, while Professors Ford and McGugin have each visited different portions of the the East and the prominent medical schools.

During the month of August, 1853, since the last report to your predecessor, the first number of the Iowa Medical Journal was issued, a work designed to be the exponent of the Medical literature and character of this portion of the country, conducted by the Faculty, and identified with the Medical College. This journal was originated because there was none in this state. Its success has exceeded our most sanguine expectations. It has already entered upon its second volume, much enlarged and improved. It exercises a healthful moral and professional influence in its sphere, and its position and rapid improvement are a sufficient proof of the estimation in which it is held by its numerous patrons and contributors.

The Anatomical and Medical Museum has shared largely in the improvements which have been made in the various departments of the institution. A large number of wet and dry preparations, representing numerous important points in general, special, and pathological Anatomy, are on exhibition for reference and observation.

A very numerous collection of Botanical plates, placed in the institution by one of its Faculty, is an efficient aid in the lectures upon Materia Medica. A number of valuable works have been furnished from various sources, by exchange with the Iowa Medical Journal and by direct donations from members of Congress and the Smithsonian Institute, which go to form a very respectable nucleus for what we hope may in time be a creditable Library.

After having presented a condensed statement of the Scientific and Financial condition of the institution, we would in conclusion ask a continuance of that fostering care and favor of the Legislature which has heretofore been extended to it. The Faculty in turn can but promise a faithful discharge of our responsible and arduous duties connected with this most important scientific enterprise in the state, which we ardently hope and believe, under the present government and management, will maintain its elevated and promising condition in the estimation of the American Medical profession and a generous public.

With great respect

I am, dear sir,

Yours,

J. C. HUGHES,

Dean Medical Faculty Iowa University.

Keokuk, Nov. 30th, 1854.

THE IOWA MEDICAL JOURNAL.

VOL. II.

KEOKUK, IOWA, FEB. & MARCH, 1855.

NO. 3.

ORIGINAL COMMUNICATIONS.

THE SEVENTH CENSUS, LOOKED AT PROFESSIONALLY.

BY PROF. JOHN E. SANBORN, M. D.

WE have spent a very pleasant hour in examining the "Compendium of the Seventh Census," an exceedingly interesting document of the House of Representatives, comprising 400 pages, and admirably compiled under the direction of J. D. B. DeBow, Superintendent of the U. S. Census. We confess to a strong liking for the volume. Though not strictly a rhetorical work, it abounds in *figures*, not dwelt upon by Blair or Whately. Forbidding as the long array of tables and statistics usually appears, and uninviting as may seem the hundreds of pages of solemn columns and figures, marshaled along like the rank and file of soldiers at a country muster, yet, when duly questioned, these mute military certainly tell to us a most eloquent and interesting story. Few studies are more full of interest than those which involve a wide survey of the human race, and contemplate its history, its progress, and its illimitable future: and so we propose to spend a little time with you, good reader of the Journal, in looking up some of the more interesting portions of the Census, particularly such as are connected with the pursuits and meditations of us medical men.

We say it almost every day, and yet we daily repeat it as a new thing, "how astonishing the growth of our country!" When we turn over the ample leaves, and glance at the stupendous statistics of our census, we must confess that this brother Jonathan, though now in the very flush of opening manhood, has certainly been pretty

busy, thus far, and seems, in the volume before us, quite able to give a good account of what he has been doing. Our population is to-day about *nine* times what it was at the formation of the government—has increased nine fold in about seventy-five years, or doubled every eight years. States that had no census at all in 1830, now number over 350,000! A pleasant farm, which in 1825 was unnoticed, is now a city numbering some 75,000, having grown at the uniform rate of about 3,000 a year for twenty-five years!

It is intimated to us in various parts of the crowded volume before us, that some of the tables and statistics may not be entirely reliable, to the minutest extent, from a variety of causes: sometimes the forgetfulness of families respecting events which transpired within a year or two; sometimes the unwillingness of individuals to state the truth, especially concerning deaf, dumb, blind, or insane relatives, and particularly, says a friend at our elbow, concerning their own ages; oftentimes also in such a gigantic collection of individual facts, human errors will invariably creep in.

In a country, too, so large as ours, the migratory habits of quite a fraction of the population must always either destroy the original accuracy, or mar the permanency of the record. As the census stands, however, we may consider it a very reliable approximation to the truth, as a whole, even in the most difficult departments, while in others it is probably almost the absolute verity. In truth, the accuracy of our national census is probably greater than that of any nation on earth, owing to the greater general intelligence of our people, and their ability, and almost uniform willingness, to communicate the actual truth.

The total area of the United States, on the first day of January, 1854, is put down as 2,986,166 square miles; while the total population of the country is about twenty-five millions. This, by a ready calculation, would give about fifty acres to every human being in the Union.

The population of Iowa, for successive years, has been, in round numbers, as follows: in 1842, it was 58,000; in '45, 91,000; in '48, 142,000; in '52, 259,000; in '54, 349,000. The per centage of increase of the population of Iowa for the ten years from 1840 to 1850 is 345.85 per cent. This is exceeded by but one state in the Union, Wisconsin, whose growth for the same period is put down at the astonishing figure of 886.88 per cent.

With reference to the proportion of the sexes in the population of the Union, it seems that the ratio of females to males is at present exactly .95 per cent.; and this is less than it has ever been in the history of the country, being probably affected to some extent by the proportions of the sexes in the foreign immigration. At the periods of all the previous census, it has usually been a fraction over .96 per cent. In only one portion of the country, in happy New England, are the females in excess; and there, as we might infer, they always have had the majority, having been, at one census, 1820, as high as 103.46 per cent. Possibly the excess at that time was partly due to the effects of the war of 1812-14. In all other portions of the Union, males have always been in excess, this being generally greatest in the South-West, where it is about 100 males to 91 females. In the Territories and California there are nearly three times as many males as females.

With reference to the age of the white population, it is a matter of impressive interest, the immense preponderance of young persons. The age of 19 years nearly divides the whole population into halves. More than one half are under twenty years of age, about two fifths are between 20 and 50, and less than one fifth are over 50 years of age. This is "young America," indeed! Divide the whole population of the United States into thirds, and one third is under 10 years of age, another between 10 and 26, and the other one third over 26. That nearly one half of the people of this country should be under 19 years of age, and two thirds of the population under 26 years! In the year 1850 the number of persons of 100 years of age and upwards was 787. It is a little interesting to notice that of this number a large majority were females, they being 430, and males but 357—a result in confirmation of the established law respecting the longer life of females. During the first half of her life time the female is incident to more dangers than during the last; and when she has passed the age of fifty years, her chance for an old age is therefore better than that of a man, who is still subject to the effects of labor, anxiety and exposure. As we go down the scale of human life, how rapidly the number increases. Persons of the age of 100 and over, 787; between the ages of 90 and 100, more than 8,000; between 80 and 90, more than 65,000; and so downwards.

Of deaf and dumb persons, the number in the Union in 1850, is stated to be 9,136 ; of blind, 7,978 ; of the insane, 14,972 ; and of idiots, 14,257. In our own State, Iowa, there were, in 1840, deaf and dumb, 10 ; but in 1850 there were 59. Of blind, in 1840, there were three ; but in 1850, 50. Of insane and idiotic, (classed together by that census,) there were, in 1840, only 7 ; but in 1850, we have, of insane, 42, and of idiots, the number written is 94. We think we have reason to assert, that this statement of insanity for Iowa is incorrect, being in fact quite too low, as the remarkable disproportion between the number of insane and idiots, might at once suggest. During the last year, the obvious errors of the census, in this respect, attracted the attention of Prof. McGugin, whose thorough familiarity with this subject is due to his having been, for many years, an able medical officer of the Ohio State Insane Asylum. For the purpose of eliciting correct information respecting this subject, he prepared printed circulars of enquiry, which were sent to the proper officers of every county in the State. Returns were received from only twelve, out of more than fifty settled counties in the State, and these twelve not the most populous. These twelve counties gave 37 insane, averaging three to a county. Even this proportion, extended to only the fifty more settled counties of the State, would give 150 insane, instead of 42. But, of course it will be seen that a portion of this excess must be due to the growth of the State, from 1850 to 1854. During these four years, the population of the State has almost exactly doubled. Double then the census figure of the insane in 1850, to adapt it to 1854, and it even then amounts to only 84, but little more than one-half the number estimated by Professor McGugin, and that too, in 1853, now more than a year ago. An interesting article, on this same subject, by the gentleman alluded to, will be remembered by the reader of this Journal, and may be found in the October No. of the last Vol.

We regret that we cannot pass by these statistics of the insane and idiotic of Iowa, without another comment. By the census, the number of idiots in Iowa is altogether out of proportion to that in other States, being more than double that of the insane. It would hardly seem probable that the enterprising families who form the chief population of so new a State, should bring with them to their

new homes, so many individuals whose presence certainly could not be a source of pleasure to them : nor would the natural increase of the population during the brief age of the State, afford so large a proportion of these unfortunate objects of pity. A recent message, sent by Gov. Grimes to the Senate, also indicates a much less proportion. So too regarding the blind, of whom the census reports as we have seen, but 50. Mr. Bacon, Superintendent of the Blind Asylum, has published a list of 89 blind, personally known to him, and is of opinion that there are not less than some two hundred.

Some interesting statistics are found respecting the number of births in different portions of the country. The proportion or percentage of these varies widely, in the different States, depending upon various causes, the most prominent of which are the social institutions, or the want of them, as in Utah, the health of the different States, and the relative age of the residents. The percentage of births varies from 3.80 of Utah, down to .29 of California. The States favored with the largest proportion of births, are as follows, arranged in the order of their per centage: Utah, Wisconsin, Arkansas, Missouri, Indiana, Iowa, Illinois, Kentucky, Texas and Tennessee; all, as will at once be seen, Western States. Those States afflicted with the smallest proportion of births, are as follows, in order, from the lowest up: viz. California, New Hampshire, Connecticut and Vermont, all fairly reckoned Eastern States. In this computation, the two extreme States, Utah and California, may, for manifest reasons, be fairly set aside, as they are really exceptional, and then it will be readily apparent that all the prolific States are Western, and all the barren ones Eastern; a result probably in part accounted for by the great immigration of young persons to the West, from the North-eastern States, which has left the "old folks at home." The general ratio for all portions of the country shows 2.75 per cent. of births to every hundred free persons or one birth to every 36 persons.

A medical writer states, that nine months after the visit of the cholera to Philadelphia, there was a remarkable diminution in the proportion of male births, confirming the conclusion that disease, epidemics, exhausting labor, poor diet, bad ventilation, intemperance and other such social evils, generally diminish the number of male births. It seems well established that all measures which

promote the health and welfare of a population, not only increase the capacity for profitable labor, but also tend to promote the multiplication of the male sex. Thus, in England, the excess of male births is only 5 per cent.; in France and Prussia, 6 per cent.; in Philadelphia, 7 per cent., and in Kentucky, $12\frac{1}{4}$ per cent. In the cities of Massachusetts, it is but about 6 per cent., but in the agricultural districts, it reaches 9 per cent. It would be an interesting point of enquiry, whether the conclusion alluded to, with reference to the preponderance of male births under conditions of greater parental health, vigor and vitality, would not be borne out by a comparison of any number of families. Let any person contrast those families, within his memory, whose children are mostly males, and see if there be not sufficient grounds in the physique of the parents to account for the difference.

The statistics respecting the localities and proportions of marriages have somewhat less of interest, as many marry at a distance from the State of their residence. The percentage of marriages ranges from Utah, the highest, which is 3.56, down to unfortunate Delaware, which can report only a fractional .63. The largest proportions, ranging from the highest in order down, are in Utah, New Mexico, Texas, Oregon, Arkansas, Indiana, and Missouri; the smallest are Delaware, Minnesota, South Carolina, Maryland, District Columbia, Maine, Connecticut and Florida. The ratio of marriages is very nearly one person married to every two hundred of population, varying between the States, from one to 316, as in Delaware, to one to 102, as in Massachusetts. The conclusion of the compiler of the compendium is, that the returns of the census are not in this respect fully reliable, and that probably the actual proportion in the United States cannot differ much from that of Massachusetts, and is no doubt even larger than that.

In regard to the very important subject of necrology, or the statistics of deaths, the returns of the census are unfortunately far too deficient. The States showing, according to the returns, the largest proportions of death are put down as follows, and in the order of their unfortunate precedence: Louisiana, Utah, Massachusetts, Maryland, District of Columbia, Missouri, Connecticut and Rhode Island. In all these States the ratio of deaths to the whole population ranges at various figures from Rhode Island,

which is 1.52 per cent. up to Louisiana, which is highest, at 2.23 ; all these eight States having over 1.50 per cent. The favored States which indicate the least number of deaths, or the smallest proportion, are as follows, in order, from the least upwards : Oregon, Minnesota, Georgia, Wisconsin and California : these ranging from Oregon, the smallest, which is only a fractional .35 per cent. to California, which is .98 per cent. ; all below 1 per cent. Directly in order after these last States, so very prominent for their apparent exemption from death, come in as next most healthy, a phalanx of southern States : viz. Florida, North and South Carolina, Alabama, Tennessee and Mississippi, these being but a trifle over one per cent.

We cannot but suspect that the returns indicating so very small a proportion of deaths in Oregon, one to nearly three hundred persons, and in Minnesota, one to two hundred, must be incorrect, and for this obvious reason. It is at once apparent that in these new States there are comparatively few permanent settled families, such as would be likely to remember and report all the deaths that have occurred within the year prior to June, 1850 ; but, on the other hand, that the population is largely composed of strangers, transitory and single persons, of unsettled habits, many of whom may die and leave no surviving friends, whose faithful memory shall be their record. There seems, however, no reason to doubt that the States alluded to are probably the most healthy in the Union.

The general proportion of deaths to the population, for the whole Union, the average of all the States, is put down at 1.39 per cent., or, in other words, one death to every seventy-two persons ; the two extremes being in Louisiana, one to every 44, and in Oregon, one to every 283. The Massachusetts State Census, taken every year, shows, for that State, during three years, a general average of one death to every 53 persons. The final summary may be stated as follows : That the actual number of deaths in the whole Union, for 1850, reckoning it a sickly year, could not have fallen short of one in every fifty persons, an estimate which would make the total number of deaths over 463,000.

A calculation has been made of the mortality of our most prominent cities and with the following results, all probably reli-

able for a long term of years, except New Orleans, where the estimate was made during only a few and those unusually sickly seasons. In Charleston, the deaths are estimated as one to 48 ; in Boston, one to 46 ; in Philadelphia, one to 45 ; Baltimore, one to 43 ; Cincinnati, one to 35 ; New York, one to 34 ; New Orleans, one to 19.

The per centage of deaths in some American and English cities runs as follows: In New York City, 2.55 per cent ; Baltimore, 2.49 ; Charleston, 2.48 ; Boston, 2.45 ; Lowell, 2.11 ; in the State of Massachusetts, 1.59. In twelve counties of England, 1.93 per cent.; in twenty-six cities of England, 2.72 ; in London, 2.53 ; in Liverpool, 3.34 ; in Manchester, 3.48.

Dr. Barton, states that the proportion dying from all pulmonary diseases is, in Philadelphia, 28.57 per cent. ; in New York City, 28.08 per cent. ; in Havanna, 25.07 per cent. ; in Boston, 23.97 ; Baltimore, 23.33 ; Charleston, 22.73 ; City of Mexico, 16.76 ; Norfolk, Va., 12.78 ; New Orleans, 13.87 per cent. An expanded view over so wide a range of facts, often enables us to correct misapprehensions respecting the relative health of different cities and localities, into which we had gradually, and half unconsciously allowed ourselves to fall.

In lieu of any published tables in the census returns, of the proportions of deaths at different ages, we beg leave to offer the following table of the centennial proportions of deaths at different ages, that occurred in England during seven years. The main features will apply closely to our own county, and present some points of interest :

Deaths under 5 years of age,	-	-	39.66	per cent.
Of 5 years, and under 10	-	-	4.99	" "
" 10 "	"	15	2.62	" "
" 15 "	"	25	7.40	" "
" 25 "	"	35	6.97	" "
" 35 "	"	45	6.35	" "
" 45 "	"	55	6.07	" "
" 55 "	"	65	7.06	" "
" 65 "	"	75	8.66	" "
" 75 "	"	85	7.52	" "
" 85 "	"	95	2.50	" "
" 95 and upwards,	-	-	.20	" "

100.00.

A table somewhat similar to this, is presented of the City of Boston, but as the per centage is calculated upon a different basis, its citation would not answer the purpose of contrast.

It may be a matter of interesting local calculation to learn that Iowa is surpassed, in the important matter of the proportion of births, by only four States; while, in the equally *vital* consideration of death, there are but nine States having a less per centage. The combined testimony of these two facts is so favorable and unequivocal as to need no comment. An extended table is given, in the compendium, of the occupation of the male population of the United States, over fifteen years of age. From this table it appears that the number of physicians in the country, is 40,564. We are not informed whether or not this includes every color and form of the great genus "Physic," but we may be allowed to hope it does, although a distinction should be made. At any rate, the number given makes the proportion of medical men about one to every 650 of the population. This is very nearly the proportion indicated by the State Census of Massachusetts, and of some of the other States. If this should appear to any one a large proportion, there may be some consolation in the fact that the number of undertakers is stated to be only 495, or one undertaker to about eighty-five physicians. The whole number of lawyers is stated as 23,939, and of clergymen as 26,842.

From a table giving the proportions of the leading occupations in the great geographical divisions of the Union, it appears, as the first great fact, that the learned professions, if we may rely on the accuracy of the returns, have filled up wonderfully since 1840. To every thousand of population, there were in 1840, only 3.81 per cent. of the learned; but the year 1850 finds a proportion of 9.23 per cent. These are distributed as follows: The southern States, having of course the smallest share, 1.17; the southwestern, 1.21; New England States, 1.22; middle States, 2.79; the northwest, 2.82, the largest proportion. Ranked as slave and free States, the contrast is what every one would expect; the South has 3.30 per cent. and the North 5.93.

Among the educational statistics, which comprise many very interesting tables, is an enumeration of the various colleges in the Union. The number of medical schools is put down at 36. This-

statement would seem to be a little unfortunate, as we have before us, in a medical publication, a list of 42 medical colleges in the United States. The error may, however, have occurred from the fact that some are in a state of coma, sufficient to warrant their omission from the enumeration. The number of medical colleges in the Union is, by the census 37, of professors 258, and of students of medicine 5,025, or about one-eighth the number of physicians in the Union. Contrast with this proportion, the number of theological students, 1,351, which is about one-twentieth the number of clergymen in the country, or the number of law students, 582, less than one-fortieth the number of lawyers in the Union, and, if the census has a shadow of truth, we are quite willing, as physicians, to accept the conclusion indicated, even after making a liberal allowance for a large proportion of private students.

We should be pleased to continue these running selections and comparisons to a greater length, for the field is ample and inviting; and many interesting and sometimes unexpected results are often arrived at, by a careful comparison of the materials so liberally furnished by the Census Reports; but we fear we have already taken liberties with the patience of the reader.

We cannot close these remarks without expressing an earnest sense of the great and almost criminal neglect of opportunity, if not of duty, by the officers of our several State Censuses, in omitting to collect and publish statistics respecting the birth, disease and death of every individual in the country. It needs but a well organized system of action, that this may be done promptly and accurately. In no way can society be so signally benefited, as by a more general enlightenment, upon this neglected topic. It should be made, by law, the duty of every physician or attendant, to report to a proper officer, every birth, and every death, with its cause and the age at death. Careful collections of these facts should be made by legally appointed officers in every city, town and county of every State in the Union; and these reports, when collected, combined and compared, would furnish a most interesting and valuable means of medical and sanitary investigation and improvement. A great crime of neglect is committed, as long as these duties hang upon our hands, and demand our attention.

But, even if no means are being taken for the collection of vital statistics in future, we may well suppose that those already in the hands of the Census Department, might be published. We have spoken of the signal and remarkable barrenness of the census, in respect to this matter; and it is rather matter for surprise than consolation to read, in the compendium, such a sentence as this: "Should the mortality statistics of the census be printed, (and they have been asked for by medical men, societies, and associations, in every part of the Union,) some very useful deductions could be made from them." Well, why are they not printed? Why are we not allowed the benefit of these useful deductions? Are the united wishes of the medical men of every part of the Union of no significance? Then, why are the mortality tables not published? Where are they? Packed away in some dusty corner at Washington, useless and unnoticed. And who shall tell us why they are not brought to light? why tens of thousands are spent to diffuse the statulent rhetoric of Washington, while the country has demanded the publication of its vital statistics, and suffers for the want of it? We send up our voice in favor of the publication of these mortality tables, and in favor of a complete and efficient legal collection of the full vital statistics of every portion of the Union.

EPIDEMIC ERYSIPELAS—ITS NATURE AND TREATMENT.

BY WM. S. MARSH, M. D., WEST POINT, IOWA.

Epidemic Erysipelas is a febrile disease, of an active grade, attended with diffusive inflammation, characterised by redness, burning heat, swelling, and vesication. The attack is usually preceded by slight headache, loss of appetite, fevered tongue, and an uneasy sensation in the epigastrium. After a short continuance of these symptoms, the patient is seized with a distinct rigor, violent pain in the head, back and extremities, difficult deglutition, with inflammation of the tonsils, and parotid, sub-maxillary, and sub-lingual glands; also of the sub-cutaneous and intermuscular cellular structure, assuming the character of a common phlegmonous inflammation. The pulse becomes hard, tense and frequent, and the tongue is often covered with a dark coat; and sometimes is extremely swollen.

The swelling of the tissues usually commences on the first day of the fever, and in the course of a few days small vesicles make their appearance on the inflamed surface. The disease terminates by one of three modes. The first, and perhaps the most frequent, if properly treated, is resolution, which occurs in from five to ten days. Frequently, however, the pain becomes throbbing, and at the same time the redness diminishes, and more or less extensive suppuration ensues. In still other cases, there is a gangrenous tendency, which may either be originally dependent upon the depressing nature or malignancy of the cause, upon the depraved condition of the system, especially of the blood, or upon certain co-operating influences of a debilitating character; or, it may result from the excessive violence of the inflammation itself.

It is not unfrequently the case that there appears to be a complete metastasis of the disease to the viscera of the abdomen. When the disease occurs in this form, it is apt to assume a typhoid character, and is generally accompanied with low delirium throughout the greater part of its course, with a constant tendency to gangrene. This tendency is indicated by a peculiarly hot and burning pain, and a purple or livid hue of the surface. The near approach of the gangrene is shown by the slowness with which the blood returns, after removal by pressure, or by a doughy feel of the parts and the formation of small blisters, filled with a turbid or reddish serum.

Where the metastasis is referred to the lower extremities, it is generally attended with extensive suppuration, which takes place in from five to ten days, and is usually accompanied with irregular chills. In some cases the pus remains for a long time, before an opening is formed, to give it vent; but when a natural or artificial orifice is made, the matter escapes, mingled with shreds of gangrenous cellular tissue. In these cases, the course of the disease is very tedious, and sinuses are often formed. The surface is tense, shining and usually pale. When pressed upon, it feels in some cases hard and resisting, but more frequently, it yields that peculiar sensation described by the term boggy. There is always most excruciating pain, of a burning and throbbing character. The pus burrows deep, sometimes inducing necrosis of bone. The pulse is always frequent, without strength and steadiness. The counte-

nance is anxious and haggard. The mind is irritable and often delirious, and the patient frequently sinks, exhausted by the slow fever, and the extensive suppuration.

When the disease retains possession of the part at first attacked, it gradually spreads over a large extent of surface, and in some instances, when upon the head, the eyes are closed, and the whole face presents the appearance of a bladder distended with water. It is always more dangerous when it attacks the head, than when it occurs on the body, or the lower extremities. Instances occur in which the inflammation passes down into the fauces and gives rise to great dyspnoea.

I have attended cases, in which acute pneumonia came on during the height of the disease, and one case in which for the space of two weeks, there was great dyspnoea, accompanied by violent and pungent pain in the right side of the chest, greatly increased by any attempt at a full inspiration or any coughing. The cough was short and dry, attended for some ten days with glairy and nearly colorless sputa, and stifled as much as possible, to avoid the great increase of pain which it occasioned. The respiration was performed chiefly by the diaphragm and abdominal muscles. These symptoms continued for ten days, at which time the pain gradually subsided, the cough became less painful and was attended by a copious expectoration not unlike that of a case of phthisis, in its later stages. The pulse became small and quick, there were hectic fever and night sweats. In short, the patient manifested every appearance of speedy dissolution.

But, after a few days' continuation of these very unfavorable symptoms, a gradual improvement was indicated, by the pulse becoming more slow, soft and full, expectoration less copious, respiration more natural and cough less troublesome. Her convalescence was more rapid than could have been expected. The sequel in this case, convinced me that a large abscess had formed on the pleura costalis.

As to the cause of epidemic erysipelas, nothing very definite can be said. Physicians of equal eminence and ability, come to different conclusions in their investigations. Some tell us that it depends upon a peculiar atmospheric condition, or miasm, while others contend that the disease is propagated by contagion. That there is some unknown condition of the atmosphere which greatly

favours the production of this disease, I have no doubt, because, when this condition exists, the slightest influences, such as tend to depress or debilitate the system—as excessive fatigue, violent mental emotion—as of fear or anger and any undue excitement or irritation of the skin—as from the direct heat of the sun—will give rise to this form of inflammation; influences which, under other circumstances have no such effect. From the knowledge which I myself have had of the disease in question, I have no doubt of the fact, when we have typhus fever and erysipelas prevailing together of its communicability. Out of twenty-seven cases which I treated in one year, twenty could be traced to connection with the individual before referred to, who came to this town with the disease, having removed directly from Aurora, Indiana, where it was then extensively prevailing, attended by great mortality.

With respect to the prognosis, a sudden and marked alteration in the physiognomy, constant change of position, or lying continually in the same position, or, jactitation, succeeding to quietude in the later stages of this disease, are generally very unfavorable symptoms. The automatic movements, by which the patient seeks to carry his hand to his body, while the physician is examining his pulse, especially when accompanied by attempts to throw aside the bed clothes, and ineffectual efforts to rise, are also nearly fatal symptoms. The appearance of greyish or blackish spots beneath the separated epidemics, or a total suspension of the circulation in any part of the surface, with a reduction of the pain and a diminution of the temperature, are symptoms always indicative of great danger. A complete metastasis of the disease to the viscera of the abdomen, is generally accompanied by a constant tendency to gangrene, and a rapid dissolution. Colliquative diarrhoea, or muco-purulent discharges from the bowels, are also very unfavorable indications.

Respecting the general treatment of this disease, there exists as much discrepancy of opinion, as in regard to the proximate causes. As far as my own experience has enabled me to judge, my convictions are that in the majority of cases, the treatment for the first few days, should be strictly antiphlogistic. The indications for treatment are, first to diminish the inflammatory action and febrile excitement, then to correct the secretions and allay

irritation, to arrest the extension of the disease, and to give free exit to all morbid secretions. If called within the first twenty-four hours, prompt venesection should be employed, to the degree if possible of producing syncope, opening a large orifice, with the patient erect, in order to produce the requisite effect by losing as little of the circulating fluid as possible. If deglutition has become difficult, as is usual in this affection, no time should be lost, during the relaxed condition of the patient's system caused by bleeding, in administering an emetic of ipecac, and wine of antimony. This has a tendency to equalize the circulation, and at the same time cleanse the stomach, dislodges the morbid secretions from the fauces and glottis, and acts as an efficient gargle. After the action of the emetic, a purgative may well be employed to correct the biliary derangement, which usually coexists.

℞ Protochl. Hydrarg.
Bicarb. Sodæ aa grs. x.
Ipecac pulv. " v. M

to be followed in three hours with Oleum Ricini. The regular action of the cutaneous exhalents should be supported by diaphoretics. Small portions of wine of antimony and spiritus ætheris nit., repeated every two hours answer a very good purpose. If the tongue is much swollen, as is sometimes the case, some three or four free incisions from two to two and a half inches long should be made upon its upper surface, and the patient should be directed to hold warm water in the mouth, to encourage the bleeding. Alterative portions of protochloride of mercury should be given from day to day, followed by castor oil, until there is a manifest improvement in the biliary secretions. If there should be no decided improvement by the third day, the emetic should be repeated. If there is an abundant secretion of a glairy, tough, tenacious character, free use should be made of a gargle composed of

℞ Acidi Nitrici
Aquæ fontanæ aa ℥ij
Capsici
Muriat Sodæ. aa ℥ss M.

With respect to the local applications, we have, I think, nothing superior to the nitrate of silver, in solution, in proportion of ten grains to the ounce. Pieces of linen moistened with the solution

should be laid on the inflamed surface, and renewed as occasion may require, until the inflammation begins to subside. Painting the sound skin in the form of a band, completely encircling the inflamed surface with the tincture of iodine, or cauterising with nit. silver, will often arrest the further progress of the disease. If there be manifest symptoms of gangrene having commenced, wine opium, camphor, quinine and the mineral acids should be freely given. The utmost caution should be observed, to prevent irritating the bowels, which is especially likely to induce metastasis.

Should extensive suppuration occur, opium, barks and quinine will be the best supporters of the system. When there is a sense of fluctuation, or when the skin is becoming livid or dusky, free incisions are absolutely necessary for the discharge of matter and slough. These are not merely apertures for the discharge of pus, but are very effectual means of cutting short the inflammation, by relieving the tension, and by evacuating the distended blood vessels. They should be carried quite deeply through the diseased tissues, and should be repeated as often as may be necessary.

If secondary inflammation occurs in some internal structure, cupping, sinapisms, blisters and the usual revulsives are indispensable.

Cases sometimes occur that in appearance closely resemble glossitis. Mr. G——, aged about fifty years, rather plethoric, and of a nervo-sanguine temperament, was attacked with soreness of the throat, pain, swelling, inflammation of the tonsils, and parotid and submaxillary glands, difficult deglutition and occasional chillness. He consulted his family physician, who, it would appear, was at a loss to make out the nature of the complaint. He, however, made a prescription for him, and advised him, in case he was not relieved by it, to send for me, being aware that I had treated a number of cases of what was then termed "black tongue." I was accordingly sent for, and saw him within twenty-four hours from the attack, and found him with the glands of the neck very much inflamed and swollen. The tongue presented the appearance of acute glossitis, being very much swollen, protruding between the teeth, quite painful and covered with a blackish coat. The fever was high, headache intense, deglutition entirely cut off, pulse ninety-five, full, strong and bounding. It was with the

greatest difficulty that he could articulate, even in a low whisper. He was very anxious to ascertain my opinion of his case, and the treatment I intended to employ. I briefly informed him that his case was one of epidemic erysipelas, and that the treatment must be decidedly antiphlogistic; in short, that he must be bled to syncope. Being strongly prejudiced in favor of the botanic system, he strenuously objected to the treatment; but, when convinced that I would not undertake the case, short of carrying out the course suggested, he finally consented. I then requested him to assume the erect position, opened a vein in each arm, and suffered the blood to flow from large orifices, till syncope came on. He was then gently laid on a matress, and the syncope continued as long as I dared to prolong it.

The effect was like a charm—the perspiration stood at every pore—the spasm about the glottis gave way—and he was enabled to swallow. This truce was taken advantage of, and an emetic of antimonial wine was administered, and small doses continued from time to time, in order to protract the vomiting as long as was safe. I then ordered a purgative of protochloride of mercury, bicarbonate of soda, and ipecac, in the proportions previously mentioned, to be followed in three hours with ʒi ol. ricini; also a diaphoretic mixture composed of

R	Vin. Antimonii	
	Sps. <i>Ætheris</i> Nitr.	aa ʒi
	Ipecac	grs. xv
	Aquæ font.	ʒiv M

to be given in ʒij doses every two hours through the night.

Second day, 8 o'clock a. m.—Pulse ninety; more soft and compressible; skin less hot, and moist; cathartic had operated freely; less pain in the head; swelling of the glands stationary; difficulty of deglutition returning; tongue more swollen, and protruding far between the teeth. Knowing that something must be done to remove the congestion in this organ, I determined to scarify, and accordingly passed the blade of a bistoury upon the dorsum of the tongue as far back as it could conveniently be done. It was then turned upon its edge, and withdrawn, making a deep incision into the substance of the tongue. Two or three other incisions were made in the same manner, and the patient ordered to hold warm water,

as previously suggested. The free use of Tinct. Iodine was ordered as an external application to the surface of the neck. The diaphoretic mixture was continued with five grains of Iodine of Potassium every six hours.

Third day, 10 o'clock, a. m.—Pulse 85, soft and full; the swelling of the tongue and glands disappearing; skin soft and moist; patient annoyed much with a tough and viscid mucus about the glottis, which he has great difficulty in dislodging. Ordered the gargle before alluded to, which was used every hour. Bowels to be moved with castor oil and spirits of turpentine; Iodide of Potassium to be continued and the Tincture of Iodine externally.

Fourth day, 2 o'clock p. m.—Patient nearly well; pulse seventy-five; skin moist and of natural temperature. Ordered the continuation of the Iodine for a few days; the patient to be confined to an even atmospheric temperature, using Sps. of Mindereri and mild laxatives; subsisting on a mild unirritating diet, and employing freely the tepid bath, strictly avoiding everything calculated to induce a relapse. Dismissed the patient; no unfavorable symptoms occurred after this time.

Out of the twenty-seven cases thus treated, twenty-five recovered; the other two cases appeared at first so mild as not to justify the antiphlogistic treatment and died of metastasis to the viscera of the abdomen, producing rapid dissolution.

We must never forget, however, that the disease varies very much in its type, at different periods, sometimes requiring decided antiphlogistic measures, and at other times, an opposite course of treatment.

CASE OF LITHOTOMY—THE BILATERAL OPERATION.

Performed before the Medical Class Nov. 15, 1855,

BY J. C. HUGHES, M. D.,

Professor of Surgery.

Mr. Alexander Shorts, a citizen of Henry county, in this state, had been suffering for more than two years from calculus in the bladder. The history of this case, in a Surgical point of view, presents circumstances of peculiar interest, this being the second operation performed upon him within the last year.

The statement furnished by the patient is as follows : For more than one year previous to the first operation, he had endured much suffering, and during this time had consulted many physicians and submitted to different modes of treatment, without any relief, as well as without obtaining a proper knowledge of his case.

One of his physicians having suggested that there might be stone, and this coinciding with his own views, he was advised to consult Dr. Sanford, of this city, which he did in Nov., 1853. Dr. S. then examined him with a sound for nearly an hour, but was unable to detect stone. The next day he made a second search, but the result was the same. The patient, not satisfied in his own mind, visited Dr. Siveter, of Salem, one of the oldest and most reputable surgeons of our state. Dr. Siveter, after hearing him relate his symptoms, made an examination with the sound, and soon detected stone, upon which he advised an operation. Finding no other means of relief, he determined to have an operation performed, and made his arrangements to visit St. Louis for that purpose. Having reached Keokuk he called upon Dr. Sanford to inform him of his error in diagnosis, when Dr. S. insisted upon his remaining and permitting him to operate. After having examined him again, for the third time, which satisfied him of the presence of stone, the patient consented to remain.

Previous to the operation, the patient stated to Dr. Sanford that he believed there was more than one stone, and gave his reasons, viz : that in his efforts to urinate, the flow of urine would frequently be checked by the presence of a foreign body in the neck of the bladder, and that by the introduction of his finger into the rectum he was enabled to distinctly feel and remove the cause ; but no sooner would this be accomplished than another stone of different size would occupy its place. Dr. S. operated upon him, making the lateral incision into the bladder, which is the usual mode. But the operation proved unsuccessful, for having removed but one of the calculi, the symptoms continued of as aggravated a character after the operation as before.

Early in Nov. last, some eight months after the operation alluded to, Mr. Shorts called upon me for my advice in his case. After giving me a full history of the past, which has been briefly narrated, with the symptoms which then presented themselves, I had

him taken to the Hospital, where I proceeded to make the necessary examination. In the effort to introduce the sound, I found considerable stricture in the membranous portion of the urethra, as well as a peculiarity with regard to its course. After making an examination by the rectum, I found adhesions existing between that portion of the bowel, and the urethra and neck of the bladder; these adhesions were the result of the former operation, the rectum having unfortunately been cut into. After changing the curve of a small sized sound, I was able to introduce it, and at once discovered stone.

The only chance for relief was from a second operation, which I advised and to which the patient consented. Owing to the adhesions before spoken of, and the dangers which would attend a second operation by the lateral mode, I decided, after consulting with my colleagues, to perform the bilateral operation. By this mode, the safest under the circumstances, I should more certainly avoid any injury to the lower bowel, which would almost inevitably ensue were I to cut in or near the former incision.

Owing to the local as well as general constitutional disturbance produced by the long-continued presence of the calculus, a few days of preparatory treatment were demanded. On the 15th of November he was brought before the medical class for operation.

Having been placed upon the table and properly secured, chloroform was administered, when I proceeded to operate as follows: After the introduction of the staff, which was held by a careful assistant in a perpendicular direction, I commenced by making a semicircular incision with a double edged scalpel from the right side of the median line in the perineum, starting at a point half way between the tuberosity of the ischium and the anus passing half an inch in front of the anus, terminating the incision on the left side of the perineum at a point corresponding with the point at which I started on the right side. Then by several incisions, I divided the superficial fascia, anterior point of the sphincter ani muscle, and cellular tissue, keeping the rectum out of harm's way. The membranous portion of the urethra now being exposed, the groove of the staff was felt for by the nail of the index finger of the left hand, and by this a straight pointed bistoury was inserted into the groove, and made to separate the membranous portion of the

urethra for nearly half an inch. Into this opening, I introduced the beak of the double lithotome cache, guided in the same way, keeping the convex surface of the instrument downwards. After pushing it along the groove into the bladder, I withdrew the staff, then turning the lithotome so that its concave surface might present downwards, or towards the anus, I depressed the lever which unsheathed its blades; then by steadily drawing the instrument outwards and downwards, I made a smooth incision through each side of the prostatic portion of urethra and to the depth of some eight lines into each lateral half of the prostate gland.

The instrument now being removed, I was able by the introduction of the left index finger to explore the bladder, and soon found the stone, learned its position and presentation, and by the introduction of the scoop pressing the stone into its hollow, was able to remove it without difficulty. I again introduced the finger and carefully explored the bladder, so that any stone, or fragments might not be overlooked as in the former operation. Satisfied that nothing remained, I proceeded to use the syringe, washing out the viscus thoroughly. A short catheter of large size was then introduced through the wound, which served to conduct the urine, keeping the patient dry, as well as preventing infiltration into the surrounding tissues. In thirty-six hours the catheter was removed, a portion of the urine having already passed through the urethra; on the seventh day the wound was so much closed, that all the urine passed by the natural channel. In ten days the patient was walking about, and on the twelfth day was able to return to his home, a distance of fifty miles.

The stone measured one inch in length, two-thirds of an inch in width, and was two and a quarter inches in circumference. The time occupied in its removal was less than five minutes, and during the operation the patient was entirely free from pain, and enjoying a quiet slumber.

This is the first bilateral operation ever performed in this State, and I confess that the ease and beauty of the operation, and the rapidity of the recovery in this case, have done much towards removing from my mind the prejudices which I had formerly entertained against this mode of operation.

DEPARTMENT OF SELECTIONS.

REMARKS UPON THE USE OF BEVERAGES IN SICKNESS.

BY L. A. DUGAS, M. D.

Without intending for a moment to undervalue the importance of a judicious selection of the more active remedial agents in the treatment of disease, the writer nevertheless feels persuaded that much of the success of these, very often depends upon the use of proper adjuvants. The signal advantages frequently derived from the opportune administration of an enema, a foot bath, cold effusion to the head, or even a cup of tea, broth, or gruel, must have been obvious to every discerning practitioner. And yet, it is only at the bed-side that the young physician can derive much information upon the subject, as these matters of detail, cannot be or are not included in such works of general practice as are usually placed in their hands. Treatises and Lectures upon the general principles of Practice are unfortunately but little relished by students, while they read and listen with avidity to specific plans of treatment, and never fail to note down any *recipe* that may be proposed. The more violent, heroic and perturbing methods are, however, gradually giving way to milder and more judicious medication; and palliatives consequently increase in importance. The skill of the practitioner will be found to consist more in the relief of existing symptoms, than in the prescription of special formulæ learnt by rote and aimed at a name.

The use of aqueous beverages, especially in acute affections, is now so common that it cannot be a matter of indifference whether the patient partake of the one or the other of the many varieties ordinarily resorted to. The belief that the water they contain is the sole agent of value in their use, is too exclusive and prevails to too great a degree. By the ingestion of large quantities of water, and the great facility with which it is imbibed by the coats of the stomach and intestines, carried into the portal system, and from thence introduced into the general circulation, the blood is diluted and rendered less plastic, whilst the repletion of the vessels thus induced, gives increased activity to the emunctories—viz., the skin, lungs, and kidneys. The experiments of Magendie demonstrate very satisfactorily that the secretions are increased in a direct ratio with the repletion of the blood-vessels, and vice versa; that absorption is promoted in proportion to the diminution of the circulating mass.

While, therefore, in the treatment of acute diseases, which are general inflammatory, copious beverages are usually found to be useful, by diminishing the plasticity of the blood, and promoting the elimination of noxious or effete principles, their propriety is very questionable when it becomes necessary to favor absorption, as is frequently the case in chronic engorgements, serious effusions, or other deposits. When venesection is practiced, the volume of blood abstracted is very soon replaced by water; whereas by withholding such beverage, the partial vacuum of the vessels bring into them the circumjacent fluids with whatever disintegrated matters they may hold in solution. Thus it is that we may satisfactorily account for the agency of depletion and abstinence in the promotion of absorption. Yet it cannot be a matter of indifference whether the drink be acid or alkaline, stimulating sedative, mucilaginous or acrid, laxative or astringent, nutritious or not. We resort daily to beverages which, in addition to the diluent property of water, unquestionably present one or more of the peculiarities just referred to; and we should endeavor to select such as may be best adapted to each particular case. A brief enumeration of some of those in common use, and an appreciation of their peculiarities, may enable us to present our views more forcibly. They may be advantageously arranged under distinct heads, indicative of their most prominent properties.

DILUENTS.—Of all beverages, water, at the ordinary temperature of spring or well water, will be generally found the most agreeable, as well as the best, when the desired effect be simply to allay thirst or to dilute the blood. Indeed, the cravings of nature so strongly indicate the propriety of cold water as a beverage, in the fevers of our climate, that one cannot look back without a sense of horror upon the time when patients were pertinaciously denied this luxury, notwithstanding their heart-rending entreaties; when they were compelled to linger through long attacks of sickness, with parched lips and cracked tongue, lest a sip of cold water might perchance disagree with the stomach, check the perspiration, or expose them to mercurial salivation! In no particular has modern practice displayed more good sense and humanity, unless it be in the abolition of chains and the lash in the treatment of insanity, than in allowing the sick the free use of cold drinks, especially in Southern fevers. A draught of good cold water will often act like a charm, quieting the stomach, and inducing copious excretions from the skin, kidneys and lungs.

The facility with which ice is now procured in most of our towns, has led to the very free use of iced water; and, however grateful and beneficial this may be in many cases, there are circumstances in which the propriety of its use is at least questionable. In irri-

tability of the stomach, with or without phlogosis of this viscus, iced water very generally gives relief ; but in affections of the bowels, we think it decidedly objectionable. In both diarrhoea and dysentery, its bad effects are almost immediately marked by the super-vention of pain and a desire to go to stool. It should also be avoided in all colicky affections, whether partaking of the nature of obstructions, of spasms or of flatulency. In bowel affections we always give the preference to warm or hot drinks. According to our bed-side observations, iced beverages should be also avoided in pulmonary diseases, and in affections of the head. We have frequently found them to induce paroxysms of coughing and dyspnoea in lung complaints, as well as pain and cerebral disturbance in affections of the brain, while tepid or warm drinks do not produce such effects. The rationale of such consequences is so evident as scarcely to need an explanation. The principle is here the same as that upon which we account for the injuries resulting from the exposure of one part of the body to cold when another part is predisposed to or actually suffering from inflammation. No one would think of plunging in iced water the feet of a patient laboring under affections of the bowels, thorax, or head ; nor should the stomach be filled with iced water under such circumstances, although this organ may be benefitted by cold applications of the kind to its own surface when this is affected. The same remarks may be applied to acute affections of the skin, and old women are therefore not wrong in objecting to iced drinks in scarlatina, measles, and small-pox, however much they may err in insisting upon keeping the body excessively warm.

In the *cold* stage of our fevers we think warm drinks preferable to cold ones. They hasten the termination of the chill and bring on perspiration much sooner ; and though they may be more apt to induce emesis, the very efforts to vomit materially determine the circulation to the surface, and consequently abridge the cold stage.

DEMLUCENTS.—Under this head we may place all the mucilaginous infusions, as those of Flaxseed, Slippery-elm bark, Prickly-pear, Bene leaves, Gum arabic, &c. These are nothing more than diluents in combination with bland materials. They are regarded as especially appropriate in irritations, more or less intense, of the alimentary passages, of the respiratory organs, and of the urinary apparatus. Their use has been so long sanctioned by the profession, that it is not without some hesitation that we intimate a doubt as to their real value, or rather as to their superiority over mere diluents. It can hardly be presumed that the gummy or mucilaginous materials they contain, pass into the circulation unchanged, or without previously undergoing the digestive process. They cannot therefore be viewed as bland applications to any

other than the surfaces of the digestive tube. Yet they are continually prescribed as though they were destined to reach unchanged, the mucous surfaces of the lungs and urinary organs. We must confess that we have ourselves been so much in the habit of prescribing infusions of Slippery-elm and Prickly-pear in affections of the kidneys, bladder and urethra, that we should dislike to abandon them, however much we may be led by theory to doubt their intrinsic efficacy and to attribute the relief to the water and other medicinal agents with which they are administered. We must also say that we, have never perceived any advantage in the use of demulcents, as such in pulmonary diseases,—and that we really consider the one in most common use (flaxseed tea) often injurious, in consequence of the rancidity of the seed usually obtained from the shops, and the indigestibility of the infusion when made very mucilaginous, to say nothing of the unpleasantness of the dose. The other demulcents can be so readily procured in a fresh state, and are so much more agreeable, that we see no good reason for the very general use made of flaxseed tea.

The AROMATIC beverages are infusions of mint, balm, sage, catnip, sassafras, &c. Their chief merit consists in being generally palatable and therefore well received by the stomach. In many instances they will relieve nausea, when this unpleasant symptom would be aggravated by demulcents. They are also decidedly anti-septic, preventing the evolution of gas by averting the tendency to fermentation, and improving the general tone of the digestive organs, without exerting injurious stimulation of the general system. They are particularly well adapted to typhoid fevers and diseases of similar character.

Cataip tea is a favorite prescription of mothers for crying babes, under the impression that the cries always indicate the existence of colic, and that catnip is a specific for this. It cannot be denied that the little creatures very frequently become quieted and go to sleep shortly after partaking freely of the well sweetened tea; but whether this effect is to be attributed to relief from colic, to some anodyne or soporific property of the tea, or simply to the fact that this operates as a substitute for the nourishment the child required, remains to be determined.

Sassafras tea is not unfrequently used in the South as a substitute for Coffee and Hyson tea, and is certainly more palatable than either of these, when as wretchedly prepared as they are in many families. Sassafras has been long supposed to possess alterative properties, and has therefore entered into the composition of most of the so-called Diet Drinks. As we do not, however, profess to understand the true meaning of the term *alterative*, as used technically, and that we consider the Diet Drinks in common use, as mere tonics or restoratives of the general stamina, we presume that

Sassafras exerts a beneficial influence upon the digestive organs. And, yet, it is difficult to determine the origin of a prejudice which exists in the minds of many of our people against its habitual use, in consequence of its supposed tendency to the production of intermittent fever. This prejudice is so general in Georgia, that it is supposed to have contributed largely, some years ago, to the defeat of a candidate for the gubernatorial chair, who had in Congress urged an increase of the duty upon tea and coffee, adding that if the enhanced price of these articles proved onerous to some, they might drink sassafras tea. The good people proudly refused to vote for any man who was willing to see them all take the ague and fever, merely for the sake of filling the National Treasury! We believe the prejudice to be unfounded—but would like to know if any *facts* can be adduced in support of it.

ASTRINGENTS—The only beverages in common use in disease which possess any astringency, are the green and black table teas and the sage tea. This effect is, however, so slight as to be unimportant in general.

LAXATIVES.—We may class as such the infusions of Tamarinds, of dried apples, of dried peaches, of raisins, and of cream of tartar; to which may be added Saratoga water. These are all more or less grateful, and remarkably well adapted to a large class of our diseases, in which the intestines are disposed to be torpid. Those possessed of acidity promote an abundant secretion of bile as well as of gastro-intestinal fluids; hence their common use in warm climates.

ACIDS.—Lemonade and orangeade are such general favorites in diseases of tropical climates, that they are in some of the West India islands, considered as the most important medication in all affections implicating the hepatic secretion. As an anti-bilious remedy, lemonade is held in an equally high esteem by the Creoles as calomel is by the English, and those who borrow their views. Lemonade, besides being exceedingly grateful to the palate, is highly promotive of the mucous, hepatic, renal and cutaneous secretions. The free flow of salivary fluids excited by its contact with the mucous surface of the mouth and the orifices of the ducts that open upon it, will give some idea of its effect upon the gastro-intestinal surfaces and the glands whose ducts terminate in them. The capillary circulation of these mucous membranes and glandular structures, must therefore be much relieved of congestion, if any exist. But besides this local action, lemonade doubtless penetrates the general circulation by imbibition, and is carried to the kidneys and skin, whose secretions it manifestly increases. If the fluids of the system are alkaline, this is changed and they become acid by the free use of this beverage. Producing such decided local and general effects, it would seem more proper to class lemon-

ade among the potent agents of the *materia medica*, than among the mere adjuvants. We feel satisfied that the therapeutic value of lemonade, in the treatment of our fevers, from the simple intermittent to the dreaded yellow fever, has not been fully appreciated by those who indite most of the books upon our shelves—the British, and our Northern brethren.

ANTACIDS.—There are states of the system in which Antacids may be eminently useful, especially if taken largely diluted or in the form of beverages. The officinal lime water, or small quantities of Bicarbonate of Soda, or of carbonate of Potass, may be thus used with plain water. The well water of blue limestone districts is sometimes of great advantage to dyspeptics. A very common error prevails with the non-professional public, who believe that soda enters into the composition of the beverage vended in our cities under the name of “Soda Water,” which is nothing but water strongly impregnated with carbonic acid gas, and without any alkaline properties. The name of Soda Water had its origin in the fact that the carbonic acid gas was formerly obtained for the purpose by the action of acids upon the carbonate of soda, whereas it is now usually derived from marble or some other carbonate of lime. By the addition, however, of a little bi-carbonate of soda to this aerated water, a very pleasant and useful antacid beverage may be made.

SEDATIVES.—During the prevalence of the Broussaisian doctrine, which regarded nearly all diseases as abnormal irritations or inflammations, sedatives were eagerly sought after, in the vain hope that they would prove to be of general applicability. The distinguished French reformer, however, refused to acknowledge as such any other articles than Prussic acid and Asparagine. We may perhaps, then be excused for placing under the head of sedatives the infusions of the leaves of the Orange tree, the Lemon tree, and the Peach tree, all of which we believe contain more or less Prussic acid. Be this as it may, there is no doubt that they are exceedingly valuable beverages in our autumnal fevers. The orange-leaf tea is remarkably palatable to most persons, and in addition to being a good diluent, diaphoretic and diuretic, has a soothing effect that can scarcely be appreciated by one who has not realized it in his own person. To secure its full influence, it should be taken freely when hot, and just made, (by pouring boiling water upon the fresh leaves,) for it very soon deteriorates and becomes insipid. In the nervous affections of females, and especially in nervous head-aches, it often acts like a charm. The French make great use of the distilled orange flower water, a tea-spoonful of which they add to a glass of sweetened water;—but we think the orange-leaf tea equally valuable, and this is within the reach of every one who has a garden, as the orange tree grows finely in this

region of country, and with less trouble than is required to keep the usual supply of balm, sage, &c.

The infusion of the Peach tree leaves is peculiarly useful in cases of irritable stomach, whether occurring in our fevers or after a debauch. In such cases, however, it should be made strong and given in small quantities at a time; say a table-spoonful or two, frequently repeated. In cases of whooping-cough, if given freely three or four times a day, it tends materially to lessen the violence of the paroxysms and the duration of the disease. We took occasion many years ago to allude to this use of it, and to recommend it in plantation practice, as safe and valuable.

The last class of beverages to which we shall allude, comprehends those in which NUTRITIOUS elements are added to the diluent. The most common are water holding in solution Gum Arabic, Sugar, and the various syrups, and teas made of toasted bread, rice, barley, &c. The value and applicability of these beverages are so evident, that we mention them merely for the purpose of completing the subject. Indeed we have extended our remarks so much more than we had intended when the theme first presented itself to our mind, that we now entertain serious apprehensions that the reader will be poorly repaid for the trouble of perusing them. We would accordingly withhold them from our pages, were it not that we still feel that the subject is one entitled to more attention than it has heretofore received, and that the imperfections of this hasty paper may induce others to do better.—*Southern Med. and Surg. Journal.*

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.

BY WM. W. MORLAND, M. D., SECRETARY.

Position in certain Gastric and Enteric Affections.—Dr. COALE remarked, that the late frequency of cholera morbus and other similar affections, had given him an opportunity of testing, to a considerable extent, the efficacy of a certain practice of his, based upon observation made some time since, but which he felt wanted confirmation before suggesting it generally. He is convinced, from actual experiment, that persons affected with irritability of the stomach are much less liable to vomit if they lie on the right side than when they recline in any other position—particularly on the left side. The explanation is evident. While lying on the right side, any contraction of the stomach need not much affect its solid contents; but, when lying on the left side, the contents are in the neighborhood of the cardiac orifice, and any

contraction of the organ will force them more or less through this opening into the œsophagus ; thus, the difference between the two cases will be a simple eructation in the first, and vomiting in the second. This, Dr. C. has now tested in very many cases ; and by many experiments in some of them, varying the position to the increase or diminution of the nausea and vomiting. It may be urged in objection to the explanation, that a contraction of the stomach that would force the contents through the cardiac orifice, would produce vomiting at any rate. But the difference is this : the same amount of contraction, which, when the patient lies on the right side, throws off gas merely, when he is on the other may force a small portion of solid or fluid matter into the œsophagus, when reflex action is at once excited, and the whole stomach stimulated into action.

In treatment of cases of flatulence, and of what is commonly called "cramp colic," Dr. C. has found reclining on the right side beneficial. It lessens the vomiting—as first said—a frequent attendant in these cases ; but, besides this, it gives a more ready escape to gas contained in the transverse colon. For example, suppose the trouble is a spasm, confining gas in the transverse or ascending colon, were the patient on the left side, and a relaxation of the spasm to occur, the gas is still kept behind the affected spot, for the distended intestine is not liable to take upon itself sufficient action to expel it. But, if the patient be on the right side, the gas then ascends and passes on to an unaffected part of the intestine, by which its escape is facilitated. At any rate, whatever may be the true explanation, Dr. C. is very confident of the correctness of his observations, and of the benefits resulting from this peculiarity of his treatment. He has not found any suggestion of this sort in treatises on the treatment of the diseases mentioned.

Typhoid Fever—remarkable prevalence in one family. Remarks on certain Elements in the Causation and Propagation of Epidemic Diseases.—Dr. CHAS. E. WARE stated that he had recently seen several cases of typhoid fever, occurring in the same family, apparently depending upon some local cause. The house was situated in one of the healthiest parts of the city, and had everything within and about it to render it comfortable and healthful. A young girl of fourteen and one of the servants were taken ill, at about the same time, with the disease. Both died. A young boy was attacked with all the early symptoms, but was removed to the country, and, after a few days' illness, convalesced. Another—a servant, who came into the house during the sickness of the first—was only a few days in the house when she became sick and had typhoid. A young man of sixteen, cousin of the girl first attacked, and who was frequently, and for a long time,

in the house visiting his cousin, had the disease. Immediately on the death of the first girl, the family shut up the house, and retired to the sea-side. There was not much typhoid about at the time, and there was none in the neighborhood.

Dr. Ware said that he had seen two or three instances, in the course of his practice, of typhoid having this local character. In one instance, seven boys, under twenty, the whole of the family except the mother, were sick together with well-marked typhoid. There were no other cases in the immediate neighborhood. It was an old wooden house which they occupied, but one which was clean and well-aired. In another instance, in a brick block of two houses, standing rather isolated, but near a stable, and not particularly well ventilated, there were eighteen cases of typhoid in the course of about three months, in the autumn. There was no unusual amount of the disease about at that time. In another instance, he had seen five cases in one family in the course of a season.

Dr. BIGELOW, Sen., remarked that there seemed a probability that the acting cause, in Dr. Ware's cases was a *local* one; it rarely happens that typhoid fever is taken by contact with persons who are removed to healthy localities. During twelve years at the Massachusetts General Hospital, several of the attendants and nurses were ill with typhoid fever; it would seem as if they took it by contact with the other patients. The degree of contagious influence, said Dr. C., must be very inconsiderable, but is effective when the exposed individuals are, from any cause, peculiar susceptible; the liability to communication of the disease in this way is not sufficient to deter persons from doing their duty to those ill with the fever, but is enough to lead to the exclusion of unnecessary visitors.

Dr. MINOT asked of Dr. Ware if the condition of drains were known, in the locality referred to by him?

Dr. WARE said there was nothing apparent to any of the senses, and the occupants of the house were unaware of anything out of order as to drainage.

[The house, as mentioned by Dr. Ware, is in an airy, dry situation; is on one of the hill-streets, the declivity of which, although slight, is doubtless effective in favoring drainage; and there has never been any effluvia perceptible; during the previous summer, a thorough repair of the house was made, particularly of the cellar and lower story; the cellar was enlarged, deepened slightly, cemented in parts, freed from any dampness, and no chance left for imperfection in drains, cesspools, or sinks. No illness of any sort occurred in the houses on each side of the one in which Dr. W.'s patients were; nor, to our knowledge, any cases of typhoid fever in the street, other than those reported.—SECRETARY.]

Dr. J. B. S. JACKSON referred to a number of cases taking place, some years since, in one house, and that an entirely new one. Dr. JAMES JACKSON had charge of them.

Dr. Bigelow, Sen., spoke of the reported influence of filth in the causation and aggravation of epidemic disease; he thinks that it receives the blame thereof, in six cases out of seven, unjustly; it is well known that people who live in airy, healthy situations, yet have the same diseases; *density of population, in low-lying lands*, where occupation is cheap, is undoubtedly often an element in the causation of these affections, and in their increase. It is, added Dr. B., a fact that about as much filth exists in cities in healthy, as in sickly seasons.

Dr. Minot referred to the striking immunity from cholera in well-drained cities; he compared Boston, in this respect, favorably with others known as ill-drained.

Dr. J. O. STONE, of New York, who was present at the meeting, said that, in many of the side-streets of that city, the filth, during this season, had been, and still is, extreme; so much so, that it is impossible to drive close to the side-walks by reason of the accumulation; yet, in those very streets there was not a single case of cholera; filth had not seemed at all productive of the disease, and Dr. S. added that the city inspector thought it had had no effect in increasing the disease; dampness, said Dr. S., had an undoubted and decided influence in the production and continuation of cholera.

[May there not be supposed to be a great difference as to the possible action of accumulations of filth, arising from their *position*? A vast amount thereof might be innocuous, or nearly so, when lying in the *open and comparatively broad* streets; but were the same, or even a far less quantity, disposed in yards, narrow lanes, and closes; or, what is worse, in cellars, and near to or even *in* the rooms inhabited, would not there be an effect therefrom, and very palpable, also, upon those exposed? If disease has often, as none can doubt, been *generated* by these means, is it unlikely that existing epidemics are often aggravated by them? It is doubtless unwise to stir up all the hidden and long accumulated filth of a great city upon the first alarm of an approaching, or just appearing epidemic; for, perhaps, the very disturbance of these collections may then develope disease; "prevention being better than cure," the true policy, and indeed duty, of municipal and sanitary authorities is to *permit no accumulations likely*, even, to aid in producing or aggravating disease.—SECRETARY.]

Dr. PUTNAM referred to the remarkable exemption of the city of Lyons, France, which is surrounded by a river, from cholera.

Dr. J. B. S. Jackson spoke of the ease with which the city of St. Louis might be drained, from its position, &c.; he also alluded to the severity with which the city of Bangor, Maine, had been visited by cholera. Its largest part is high in situation.

Dr. BETHUNE remarked that there was, however, a large level space in both these latter cities, and if dampness be effective in causing choleraic disease, as it undoubtedly is, the fact of the vicinity of rivers to both cities may be of consequence.

Dr. BLAKE alluded to the very high situation of Quebec, yet cholera has there been found very destructive.

Dr. Bigelow, Sen., spoke of the former course of cholera, and also, in reference to Dr. Minot's suggestion as to the influence of efficient drainage, he said that Boston doubtless owed very much of her immunity from cholera to the arid, rocky soil; and drainage was much facilitated by the amount and frequency of declivity within the city.

Dr. PERRY said that, in 1849, there were five fatal cases of cholera on St. James Street, in Roxbury, a high, airy, well-drained and dry situation; in 1832, he saw seven cases of cholera in the rear of Eliot Street, Boston; on examination of the premises, it was ascertained that a vault *was emptying itself into the well* used by the family.

In the cases at Roxbury, Dr. P. thought there was evidence in favor of the theory of communication of the disease by contagion; no imprudence in diet or otherwise was traceable, except in the *first* case, that of a servant, who, from imprudence, had diarrhoea, which was neglected; the different persons afterwards affected had been in close contact with, or had nursed each other; a child slept with one of the patients; a sister who attended the funeral of one patient, died of the disease soon afterwards; a woman who came from a distance and washed some clothes in the house, soon sickened and died.

Dr. C. E. Ware referred to the moving of the troops from Avignon to Arles, in France; at the former place there had been cholera, at the latter none; it broke out, however, immediately on the arrival of the troops; the latter were then removed to Marseilles, and there the cholera raged. Either the disease moved along in the course of the troops, or else they carried it.

Dr. Bigelow spoke of the custom of moving troops from place to place, until they got free from epidemic disease. This plan is successful.

Dr. HOMANS, Sen., remarked that the course of *epidemic fever* had been very striking in the town in which he formerly practised. Typhoid fever prevails. There is a river with a fall of only four feet in six miles, and the adjacent grounds are, at times, overflowed by it. In July, "gastric fever" occurs; in the latter part of August and in the first part of September, typhoid fever begins to manifest itself. Dr. H. described the course and frequency of the fever during one year. Of eighteen persons in two houses, twelve had gastric affection, with fever; by the last of July, one person

in nearly every house in the track of the fever had been affected; the disease followed the course of the river, then branched off around a large pond. In one house, there were seven ill in the time between September 1st and the middle of October; after that time, the disease went into houses situated upon hills. Sixty-eight or sixty-nine persons were attacked, in all. Brookfield, Mass., is the town referred to. In Oakham, which is the adjoining town, a physician, thirty years in practice *knew of no case of typhoid fever.*

Poisoning by Strong Tincture of Aconite.—Dr. PUTNAM reported a case in which most remarkable success followed the internal administration of iodine, as recommended in a recent French journal. Dr. REYNOLDS saw the patient about an hour after she had, by mistake, swallowed an ounce of strong tincture of aconite. Immediate vomiting ensued, and she was still vomiting; there was severe cramp; coldness of the whole surface, and especially of the extremities.

A solution was made of eight grains of hydriodate of potass and six grains of iodine in one quart of water. Of this a wineglassful was given, and the patient soon fell asleep. In half an hour she awoke in renewed distress; the solution was repeated; she again fell asleep, and, in the course of two hours, all formidable symptoms had disappeared.

Dr. Putnam remarked that, in the case of poisoning by aconite which he reported some months since, great benefit was derived from the administration of laudanum, after emesis induced by ipecac.

Nov. 13, 1854. Falls from a great height—Remarkable Escape from Injury.—Dr. COTTING, of Roxbury, Associate Member of the Society, related the following instance of escape from injury, after falling from a great height; and, in one, from a railway engine:

1. An Irishman, at work upon the steeple of the new Roman Catholic church, in Roxbury, fell from a height of fifty feet, by estimate, to the roof of the building, struck upon his hip and back, and slid to the eaves. No injury was sustained by him except some slight contusions; he returned to his work upon the same steeple *in two days afterwards.*

2. S. H., 16 years old, of stout frame, while attempting to disengage the hook of a hoisting apparatus in a store, lost his balance, and fell headlong through the scuttle, from the fifth story, fifty-four feet by exact measurement. When about half way down, he caught the rope with his left hand, and thus partially came into right position, feet downwards. Within ten or twelve feet from

the lower floor, he caught the rope again with his right hand, and struck the floor upon his feet. He fell fainting into the arms of a bystander, with the exclamation, "All the way from the top, sir!"

Injuries.—*Left hand*: three fingers and the ball of the thumb blistered, not severely; skin slightly torn from the little finger. *Right hand*: flesh abraded from the ball of the thumb one inch in length by half an inch in depth; from outside of little finger three quarters of an inch in length by half an inch in depth; next two fingers excoriated. *Neck*: chafed slightly on the side, over the sterno-cleido-mastoid muscle, two inches by three-quarters of an inch.

When asked of what he thought while falling, he said that he thought he should be killed if he could not catch the rope; that the rope was secure from slipping, because of the hook's being fast (he was, as above stated, attempting to disengage the hook when he fell;) he thought he should be mangled and killed; thought of his home and his parents, and of *a great many other things*. The time occupied in falling could not have been more than one and three quarter seconds.

The common expression with regard to one killed in any similar manner, that such an one "never knew what hurt him," would seem to be disproved by this boy's experience.

8. On November 4, 1854, an engineer on the Providence Railroad fell from the locomotive while it was going at the rate of thirty miles an hour. His shoulder was bruised, but there were no fractures, nor any contusions of consequence besides that upon the shoulder.

Dr. J. B. S. JACKSON, referring to the retaining of consciousness at the time of falling from a height, said that he had often been assured by persons thus falling that they had not been sensible of falling.

Dr. C. E. WARE mentioned having once fallen from a height of twenty or thirty feet; he was conscious while falling, and thought of the probable consequences. Dr. W. mentioned another instance: a young man fell forty-five feet from a belfry to the ground, striking upon a wooden pump-handle, and breaking it short off. On recovering from the insensibility resulting from the blow, he was not sensible of remembering anything relative to falling; he recollected only leaving his house just before ascending the belfry.

Dr. COALE thought it certain that *some time* is necessary in order that impressions may be communicated to the brain; if a person be *stunned*, although there may have been an impression of occurrences immediately previous, these will be obliterated by the concussion received. Dr. C., however, related a remarkable case, in which a sailor was conscious, during a fall of about seventy feet from the topsail yard of a frigate. He was aware of

striking the foretop in his descent. It is to be remarked, that in cases of falling a short distance only, as from a chair to the floor, if unconsciousness be produced, the obliteration of memory in the person, as to the circumstances, is usually complete.

Dr. PUTNAM knew of a child, five years old, who, while on his way down a flight of stairs in search of a custard which had been promised to him, fell, and sustained fracture of the skull, was unconscious for some days, and lost a piece of bone from the skull; on recovery of consciousness, his first question was in reference to the custard.

Dr. PARKMAN remarked, that where compression of the brain exists, the above is always true of patients; the last idea previous to the accident being the first presenting itself on recovery.

Dr. PUTNAM added, that trephining was contemplated in his patient's case, but was not found necessary.—*American Journal Medical Sciences.*

WATER DRESSING.

BY GEO. H. HUBBARD, M. D.

The following cases are selected to illustrate the success attending the treatment of wounds with water. Although not of great importance as "interesting cases," if their publication can induce any one to abandon the burdensome and too often injurious appliances which have been customary in times gone by, and to substitute therefor treatment by water, a mode of treatment sanctioned by the best surgeons of the present day, perhaps as much good may be accomplished as by a lengthy detail of more intricate and unusual diseases.

In some notes on "water," which I furnished for a previous volume of this Journal, I entered somewhat into the history of its use as a therapeutical agent. At this time I purpose only to give a few cases in proof of the propositions then advanced, that "water is our best dressing in wounds of all kinds."

CASE I.—*Incised Wound of the Knee.*

D. P., aged 18, made a mis-step while mowing, and in falling struck his knee on the scythe, which rested on the ground with its edge so inclined that the whole weight of his body came upon it at right angles. It was consequently forced into the limb as far as such a blow could drive a sharp edge into bone. The resulting, clean, incised wound severed the ligamentum patellæ, about midway of its length; not directly across, but obliquely, its internal angle being just one inch lower down the limb than the external.

The wound was precisely four and seven eighths inches in length. The capsule of the joint was opened by a clean incision, seven-eighths of an inch long at the external angle of the wound, and a piece of the head of the tibia was split off and slightly movable at the inner angle; but as it could not be removed without cutting it from the ligaments of the joint to which it was attached, it was placed in as good coaption as possible, and allowed to remain.

When I reached the patient (about an hour after the injury,) he was considerably depressed, perhaps as much, or more, from the fright which this gaping wound was calculated to produce, as from the injury. As no important branches of the anastomosing arteries were cut, the hæmorrhage was slight, and that from the small cutaneous vessels had nearly ceased on my arrival. The lower portion of the ligamentum patellæ, which protruded prominently from the wound, was, after removing some bits of grass, brought into exact coaptation, and kept so by means of the twisted suture, consisting of three steel needles, deeply inserted, one and one-fourth inches apart. The limb was laid in a "Goodwin's splint," and kept perfectly extended.

The wound was dressed in *water*, and was never dry for twenty-five days. The temperature of the water was gradually raised after the expiration of ten days, and regulated by the sensations of the patient; keeping it just so cold as was agreeable. For the first week his diet was *water gruel*, afterwards, additions were made, very gradually, so that he did not receive full liberty to eat as he chose, for five weeks.

After this wound was first dressed, he had "*no pain*," lost no sleep, and there was but little swelling about the wound. No fever occurred; the wound united by first intention, except a small hole which kept open at the inner angle for about five weeks; doubtless on account of injury done the bone at that point; but at the end of this time it was entirely healed. Two of the needles were removed on the eighteenth day, and the third on the twenty-first. On the fortieth day, he walked two miles with the aid of a small stick.

No medicine of any sort was at any time administered; the water was discontinued on the twenty-fifth day, and an envelope of cotton used to protect the knee both from injury and from cold.

At this time, fourteen months after the injury, he is walking without the aid of a cane, engaged in all sorts of farm-work, having rendered good service on the farm during the past season.

CASE II.

P. P., aged 20, while chopping wood, misguided his axe, and received its full force on the dorsum of the left foot. Taking a somewhat slanting direction it did not go through the foot, as a

perpendicular blow of like momentum would have done, but split up portions of the tarsal and metatarsal bones; so that when I examined the foot, about an hour after, I introduced my fingers to the depth of an inch and a half, removing the clotted blood and some small fragments of bone which were entirely separated. The wound was strapped tightly with strips of linen wet with collodion, and a compress bound on to keep the split portion of the bone in as good coaptation as possible. A splint, to keep the foot up so as to relax the muscles acting upon its anterior aspect, was used, as many of the extensor tendons were severed. This wound was dressed with "*water, and nothing else,*" was never dry for two weeks; the temperature was raised as the sensations of the patient indicated; it united by first intention throughout its whole extent; there was no suppuration; the bones seemed to unite as readily as the integuments, and on the 28th day he went to his work with but slight lameness, from which he entirely recovered.

CASE III.

A girl, aged 10 years, tried her hand at chopping wood, and, from want of skill and strength, cut her foot severely. Upon examining the wound, I found the great toe nearly severed from the foot, hanging only by the skin, flexor tendons, and vessels of its inferior part. The metatarso-phalangeal articulation was laid entirely open, and the whole surface of the metatarsal bone cut off and loose in the wound, from which it was removed by snipping with scissors some few ligamentous fibres which had escaped the axe. The wound was cleaned, and all loose portions of bone and clots of blood removed. When this was done, the bleeding, which had been profuse, ceased entirely. This wound was brought together by interrupted sutures, and the toe brought into as good shape as possible, and kept so by bandages. Water was the only application made, and to the surprise of all, no pain was felt, no sleep lost; the wound united by first intention, and she has a very good and servicable toe. I am inclined to think excision of a joint was never more successful than in this case, nor the operation ever performed with a ruder instrument or less surgical skill.

CASE IV.

A man came to me, with a finger the knuckle joint of which he had brought in contact with a circular saw. I found a ragged wound, which had opened the joint and removed portions of cartilage from the articulating surfaces of the bones. After removing all loose substance, the wound was brought together and dressed with collodion and strips of linen. He was ordered to keep it con-

stantly wet with water, of such temperature as was agreeable, with which direction he faithfully complied. I saw the finger occasionally; but as no inflammation or suppuration occurred, I had no more to do with the case, and the first dressings were not removed till the wound was cured. The finger was nearly as serviceable as ever, the joint being but slightly stiffened.—*New Hampshire Journal of Medicine.*

WATER, AS A THERAPEUTIC AGENT AND A CAUSE OF DISEASE.

BY J. C. RUTHERFORD, M. D., BLACKSTONE, MASS.

Water, in its purity, is one of the greatest blessings bestowed upon mankind; it is a part of ourselves, and enters largely into all animal and vegetable substance. We must have it for most of the purposes of life. It enters in a large proportion, into the composition of the blood. Whatever it may hold in solution, must become a portion of that fluid, either for good or evil.

It is a fact that can be demonstrated, that water contains more of the elements of disease, than the air we breathe or the food we eat. This applies more particularly to the hot season. Any one who has examined the contents of a cistern or well, is aware of the strong stench of the water and dirt at the bottom. This stench is owing to the animal matters that settle at the bottom, and there form a mass of putrid carrion.

It is not necessary for me to state that rain, river and sea water contain an immense number of animalculi, that cannot be seen without the aid of the microscope. These are short lived, and from their great numbers, form one fourth of the deposit in our wells, cisterns and beds of rivers.

In warm weather this mass undergoes decomposition, and hence the water is an essence of putrefaction. The less water there is in our wells, cisterns, &c. the more concentrated becomes this essence. If any one doubts this, let him go to any well or cistern, or, if he pleases, to the river, and he will find, particularly in the hot season, this foetid smell, even if the water is not agitated.

To say that such water is not injurious to the system, or that it is not a cause of disease, would be as absurd as to say that putrid flesh and rotten vegetables are wholesome food. Of all the causes that are supposed to produce the cholera, dysentery, diarrhoea, cholera morbus, &c., this may be regarded as the chief. These diseases are most prevalent in hot and dry weather, and they are more or less virulent as the drought is or is not severe. Water we must have, as an element in the animal economy, and as a therapeutic agent; but as we often find it at this season, it is neither one nor the other.

It is allowed on all hands that the effluvia arising from decaying animal and vegetable matter is a great cause of cholera, and other diseases of the bowels. Now if this is a fact, how much more detrimental to health would be the taking into the system this poison in substance; or, in other words, drinking water holding more or less of this matter in solution? Yet we do this when we drink water from our wells and cisterns in the hot summer months. No constitution can endure this contamination a great while. Districts that are most favorable to the existence of intermittent fever, will be found to be those where the cholera shows its most virulent character. The localities most likely to produce these poisons, are low, moist, and fertile, with but little chance for drainage, either by art or nature. The moist and warm soil is favorable for the growth of vegetable matter and animalculi—generation after generation of which are produced and reproduced in one hot season. They have brief existence, and die, forming a mass of putrid matter, to be dissolved in the pools, springs and streams; and that which remains upon the soil, to be dissolved by the dews of night, and as vapor to be wafted about by currents of air.

People who live in malarious districts, are cognizant of the fact that a hard frost puts an end to all danger from miasm for the season. Cold will destroy the poison of the most contagious disorders; and it must be that the frost destroys the effluvia from decomposing matters, and at the same time puts a stop to further decomposition. It is known that cold will put a decided check upon the cholera.

Now the natural inference to be drawn from these facts would be, that all the disorders that have been mentioned are caused by an animal poison that is dissolved in the water we drink, and in the damp air of the night. Another fact tending to establish this theory is, that nine-tenths of the attacks of cholera, dysentery, and other bowel complaints, occur at night. Dampness seems to be an essential element for the rapid absorption of the poison, and hence the frequency of the attack in the night.

It has been said that water holding lime in solution is a great cause of bowel complaints; but this is not established. There are localities where the water is highly impregnated with lime, but where dysentery is decidedly rare, and the cholera never known. There are other localities where there is hardly a trace of lime, and where diseases of the bowels are the most prevalent disorder. Water which holds the most lime in solution, contains the least animal matter.

The rapid decomposition of animal matter in water, can be demonstrated by taking a vessel of the purest well or cistern water that can be obtained, and setting it where the sun can have full play upon it for a few hours, when you will have the same putrid

tacks, especially, children subject to perspirations, and to excited pulsations of the heart.

The practitioner should never forget, in considering the diseases of childhood, that sudden attacks, even death itself, may occur just as easily in children from anæmia as from hyperæmia. Thus, cases of convulsions, and other attacks, once regarded as inflammatory, require, in the present day, more careful examination and more accurate diagnosis.—*Med. Times and Gaz.*

EVIL EFFECTS OF SHAVING THE BEARD.

BY E. SANBORN, M. D., ANDOVER, MASS.

I am prompted, by remarks recently made by a learned professor of theology, on his conflicts with the razor, to ask if the habit of shaving is not both deleterious to the physical health, and deteriorating to the races which practise it? The professor thinks that by shaving daily for forty years he has wasted a year and a half of laboring time, and nearly fifty pounds of beard, to say nothing of the blood and tears he has shed, and the agony he has endured. It has, he says, been the great misery and *waste-way* of his life, and he would give the world if he possessed it, as would thousands of his brethren, if custom would sanction the omission of shaving.

Now I have, within the past year, perhaps owing to my own long-beardedness, which, by-the-by, is indispensable, heard so many similiar remarks, both from eminent ministers of the gospel and other citizens of most sterling sense, and witnessed personally so much evil from the habit, that I cannot forbear saying, that comparing the present with the past, there seems to me a fearful deterioration in the physical organization of our race, worthy of of the most serious and immediate attention of every true-hearted American, patriot and philanthropist. It cannot but be obvious to all who regard the future defences of our country, that large families of robust and healthy children are far less numerous now than they were in former days. Scrofula, that truly direful scourge of pro-shaving England and America invades, in some one or more of its hideous forms, almost every domestic circle of our American population. The indescribable pangs of neuralgia, which were scarcely known to our ancestors, are now as familiar as household words in our families. Nearly as much is true of bronchial and catarrhal affections, erysipelas, heart-disease, permature defection of the senses, physical deformity and prostration; coughs, and consumptions which waste away the strength and beauty of our

homes, and dry up the fountains of our joy. Another eminent professor, whose active love of humanity has familiarized him with the customs and conditions of many nations says—"I have been much among the Abrahamic race who never violate the command—not to mar even the corners of their beards, and I never saw an instance of drunkenness or pauperism, nor of premature physical debility or hereditary disease, as they exist among the pro-shaving nations. Who shall say that this chosen people, this most heavily bearded of all races, is not by their religious devotion to the laws of health, destined to stand upon the earth and fill it with unabridged, unadulterated manliness, when other nations of greater boasted light and knowledge shall, by their fool-hardy violations of nature, have consumed themselves and passed away?"

The aboriginal inhabitants of our soil and climate were once brave, powerful, and numberless almost as "the stars in the sky, the leaves on the trees, and the sands on the sea-shore." But they waged war unceasingly against nature. They resisted her kindly efforts to mantle their faces with manly beards, grew each generation more and more effeminate, because an easy prey to their enemies, and now, like the beard which they so obstinately uprooted from their faces, they are themselves uprooted from the face of the earth. The Chinese, too, have been "*shorn of their locks*" and their strength, till as a nation they have but little more than a nominal existence. I speak from the experience and close observation of more than twenty years of dental practice, in saying that I have not a doubt that to the loss of nutrition, and to the exposure and derangement of the animal functions caused by incessantly scraping off the beard, is to be attributed much of the alarming increase of premature defection in the dental organism, which tends directly to imperfect mastication, indigestion, dyspepsia, and "all the ills that flesh is heir to." It is no uncommon thing for children 10 or 12 years old to need extensive operations on their secondary teeth, nor young men and women of 20 to require whole sets. Truly, with a vengeance have the fathers eaten their sour grapes. At this rate, how soon as a nation shall we be "*sans eyes, sans teeth, sans everything?*"

This increasing degeneracy is no new idea; but while one attributes it to a variable climate, another to unventilated houses, another to lead poisoned water, and others to flour *too finely*, or to food too coldly, too hotly, or too hastily *bolled*, few only venture to speak boldly of the tons and tons of the physical stamina and manliness of pure Americanism which is daily sacrificed by the relentless razor to that despotic Delilah, Fashion. Pulmonary disease, bronchial inflammation, cough and night sweats, had so reduced my system more than a year ago, that eminent physicians in Boston and elsewhere assured me that my existence would soon

be terminated. Resolved, however, if go I must, to go as whole and resistingly as possible, I discarded at once, and as I now joyfully believe *forever*, the use of my razor. The result is—a restoration to almost perfect health, and freedom from thirstiness and debility which seemed formerly to demand so much medication and artificial stimulation. That I have a grizzly beard is most true, and that it is offensive to existing tastes it grieves me to say is quite as true. But that it is repulsive, excessively so, to the shallow-brained dupes and votaries of mere unsanctified custom and conventionality, troubles me so little that I survive the caustic joke, the scornful smile, the withering frown, the cold shoulder and diminished patronage, assured that I am a thousand fold repaid not only in restoration to health, but in “a soul’s calm sunshine and a heart felt joy” which exist only in a consciousness of rectitude that can afford to be laughed at.

It is far from self-conceit which prompts these remarks, or urges me to say that the accumulation of facts which as a matter of course must have resulted from my long-bearded experience, will enable me to give comforting suggestions to such as are almost persuaded to follow the teachings of nature and true philosophy in this matter. The task is harder in later than in earlier life, before the beard is excited to unnatural growth. And as there is, as I most solemnly believe, not one well-founded argument why men of any age or condition should continue the habit of shaving, there can be none why boys should ever commence it. Nor would one of a thousand of them do so, if they only knew its evil consequences. It not only destroys the germs of their future physical health and manly beauty, but it wastes away the dews of their youth, their native simplicity, their truthfulness and confidence in the wisdom of their Creator. Neither the image of God nor any of his works remain sacred in their sight.

The habit of shaving is not of “Origin Divine” as thousands seem to think, but quite the reverse. The ancient patriarchs, the holy prophets, Christ and his disciples, and the earlier and probably purer christians, deemed it a violation of the laws of their nature. Alexander enforced it upon his army that they might thereby gain a bloodier conquest. The nobility of Spain adopted it through courtesy to their beardless prince. The mass were of course subjected to the humiliating process, but expressed their repugnance to the outrage in the well-known proverb :—“Since we have lost our beards, we have lost our souls”—that is, ourselves, our identity. We are rather soulless slaves, than the men our Maker made and designed us to be.

Will not the free-born sons of America, whose pure patriotism scorns the dictation of foreign potentates, dare to be morally as well as politically free—free from all conventionalities which op-

press common humanity, and weigh heavily on the mass of our population; and especially free from every influence which insidiously tends to vitiate and depress the true manliness of man, and womanizes those masculine and gigantic powers which are to be our country's defense against the jealous, hungry, couching nations about us? And will not their mothers, sisters, wives and daughters, second these efforts, and exercise their own good taste in creating and sustaining such purely American fashions and habits as will, to the end of time, render them and their progeny still more excellent in all the various relations of life?—*Boston Med. and Surg. Jour.*

THE USE OF ALKALIS IN ACUTE RHEUMATISM.

BY GEORGE BUDD, M. D., F. R. S.,

Physician to King's College Hospital.

One of the last lectures of Dr. Budd, on Acute Rheumatic Fever, seems to us of unusual interest, the treatment of this disease, as we have observed it at King's College Hospital, being so satisfactory and novel. Dr. Budd, after going into a description of the ordinary phenomena of rheumatic fever and rheumatism, dwelt on one of the more formidable and common results of rheumatic fever, namely, diseased heart.

"The frequent occurrence of this complication of rheumatic fever was now so well known, indeed, as to require only to be stated. He thought, in one half of the cases—nay, more—three-fourths of the cases of rheumatic fever coming into King's College Hospital, they found severe disease of the heart. It may occur," said Dr. Budd, "at the onset, or still later in the disease; but as a general rule, it will be found to run parallel, so to speak, with the fever and constitutional derangement. We find the deposit from the blood or inflammatory result under two chief forms: first, and most formidable, deposits of lymph—beads of lymph, so to speak, on the edges of the valves of the heart, of the left side particularly, impeding more or less its normal functions. These effusions, or beads of lymph, are the result of a peculiar increase in the fibrinous portions of the blood. These deposits give us the stethoscopic signs of diseased valves. We have next, effusion into the sac of the pericardium, with so-called pericarditis: and very often also inflammation of the contiguous pleura. Now I think, if you will watch the cases in the wards," continued the lecturer, "these of Dr. Todd and mine, that you will find at least three or four cases of rheumatic fever, with diseased valves and bellows-murmur; to one case of deposit on the exterior of the

heart with friction-sounds. This is a very useful and practical point to keep in mind. Any disease of such delicate parts as the valves must be more serious, as leading to permanent organic disease, and cannot too soon engross our attention.

"Now, as to rheumatic fever, what do we generally find? Very frequently you will not discover all that is in books; but pain and palpitation, if enquired after, are generally found; pain of an obscure, dull character, over the region of the heart; there is also that remarkable hurry of breathing, which betokens fever; in place of the respirations numbering as they should number, about 18 to 20, they are higher,—30, or even double the normal amount—when the valves take on the disease. With this rapidity of breathing we have what is called a single bellows-sound with the first sound of the heart; in other words, a systolic *bruit*, very well marked. This sound, in contradistinction to the friction or rubbing-sound is best heard at the apex of the heart, the rubbing-sound ending, and very possibly will be heard only for two or three days, and then ceases when adhesion takes place, the valvular *bruit* still audible at the apex. The point I would next wish to draw your attention to, is the great tendency to relapse observed in rheumatic fever. The patient, the chances are very many, will tell you he has had rheumatism before—aye! may be two or three, or even four times. Rheumatic fever, it must be confessed, is a very obscure disease; it is more common in London than in the eastern parts of England. It is evidently modified by climate; it is more common amongst men than women, it seldom occurs beyond the age of 30, the chief tendency to the disease existing between the age of 15 and 30. Some persons of a thin, ligamentous development of body are peculiarly susceptible of it, and the most frequent cause seems to be damp combined with cold.

"We now come to the essential question of *Treatment*. This at King's College Hospital, after treatment of various kinds, I find to be best under the form of large doses of alkalis. I usually prescribe the bicarbonate of potash (gr. xii ad gr. xv,) with the nitrate of potash (gr. v,) every four hours; or if we put it in technical language, it will be

R	Potassæ bicarb.	one drachm,
	Potassæ nit.	" scruple.

Tere simul bene et in part. iv divide; detur i hora quarta quaque. I know no plan of treating acute rheumatism at all equal to this; it suggested itself to us from the large amount of acid in the system. I think it as successful, if not more so, than any other plan tried in the University College Hospital. It is quite as remarkable how the symptoms yield according as the urine becomes alkaline. You will find, where many joints are affected, that the urine is extremely acid. You will do well to keep the bowels also well opened, as

mal-assimilation assists the rheumatic diathesis; colocynth extract, and a little blue-pill, or a saline cathartic mixture, according to circumstances, should be prescribed. Another medicine of great value in rheumatic fever, and one which you cannot do without, is opium; you will find your patient with rheumatic fever gets worn out if you do not give him a moderate draught containing morphia or opium at night. You must take care and economise your patient's strength; take care he is not worn out, for in all such patients rheumatic fever is much more difficult to cure. I find it necessary to keep up strength very often, and then we order a mixture of decoction of cinchona and the alkaline carbonates as before,—a mixture perhaps not very chemical, but still very useful: indeed, most eminently so, in restoring the "tone" of the system as the appetite and strength.

"There is another subject now on which I wish to speak—namely, *local* treatment; this is a point, perhaps not sufficiently attended to: it has been found that the joints of the body most exposed, such as the wrist, ankle, knee, &c., are more liable to rheumatic inflammation than the shoulder or hip well covered with muscles. Accordingly, it is found useful to take the hint, and in this hospital we envelope the limb in oil silk, and cotton wool; we also find a warm alkaline fomentation—half an ounce of carbonate of potash to a pint of water gives very considerable relief. There is another application I have great faith in—a small blister, not placed *on* the joint, but *above* it, between the joint and the heart; it seems to act by drawing off the inflammation from the joint to the parts above, so as not to be aggravated by motion—mind the blister is *above* the joint, not at all over the joint. A blister may be said to be lowering, but rheumatic inflammation is much more lowering; finally, if there should remain chronic thickening of joints, I order the iodine paint. I will now read for you two or three cases out of the hospital book, just gone out cured, illustrative of what I say, and then speak of diagnosis. And, first, from gout—in gout there is more effusion—the skin also is more darkly red, almost mahogany-color. Gout proverbially attacks a different class of persons, chiefly above thirty years of age, the *bon-vivant*. We have two cases, however, of gout now in hospital, but one is a man who has had delirium tremens over and over again. There is another disease, viz., gonorrhoeal rheumatism; here one or more joints are affected, but you will find less fever, pulse not so high; you will find it also a most protracted and troublesome disease; it may last for three or four months. Again, you must not mistake syphilitic periostitis; the pains here are not in the joints but in the shafts of the more exposed bones, with nodes and other chronic secondary symptoms. Iodide of potassium is the chief remedy. I know no remedy, however, for gonorrhoeal rheu-

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matism,—perhaps a blister above the joint is best with extensive discharge, cut off the scarf skin of your blister, and dress the latter with green ointment; in ordinary rheumatism, however, I should not, nor do I ever, remove the scarf skin, but dress the blisters—two, or three, or four perhaps with simple cerate. I mention these few points, as really a very great deal depends on them.—*Medical Circular.*

DEATH FROM OLD AGE OR NATURAL DEATH.

The following account of death from old age, by the distinguished divine, Dr. A. L. P. Green, of Nashville, will be read with great interest by every student of nature. The death of Aunt Phillis, as the doctor expressed it, was indeed a “natural death,” for death from disease is not according to nature, but might truly be classed under the head of “accidents” or casualties.”—*Ed. Nashville Med. Journal.*

DR. EVE—Dear Sir: I promised you that I would furnish you with some of the facts connected with the last days of Aunt Phillis, an old negro woman of mine who died last fall. Aunt Phillis was at the time of her death, at the lowest estimate, 111 years old, and the probability is that she was several years older. For fifty years she has enjoyed uninterrupted health, and as far as I have been able to learn, she was never sick in her life except at the birth of her children. For thirty years of her life, and down to within three years of her death, she did not seem to undergo the slightest change in her appearance, time exercising little power over her. The first sign of decay was that of sight, which took place about three years before her death; up to that time she was in the full enjoyment of all her senses, and at 104 years would have married an old negro man of 75 if I had not objected. Her sight failed not in the usual way, but she became near-sighted, not being able to see objects at a distance. Soon after this, her hearing declined, but up to the time of her death she could still hear better than old persons generally do. The first indication of mental failure was that of locality, she not being able to find her way to a neighbor's house, yet her memory seemed perfect in all other respects. She recollected her friends and old acquaintances, but could not find her way to their houses. I at first supposed that this was owing to defective sight, but on examination found it was in the mind. Still her locomotion was good—she had the full use of herself, and could walk strong and quick like a young person, and held herself up so straight, that when walking from me I often took her for some of the younger servants about the premises.

The next, and to me the most singular sign of decline, was that she lost the art of walking—not that she had not strength enough to walk, but forgot how to walk. The children would lead her forth and interest her for a while, and she would get the idea which seemed to delight her very much, and she would walk about the yard and porches until some person would tell her she had walked enough—but she would no sooner take her seat and sit for a few moments, before all idea of walking would be gone; and she would have to be taught over again. At length she became unwilling to try to walk unless she had hold on something; take her by the arm and she would walk, and walk well, but just as soon as you would let her go she would stop, and if no further aid was afforded her she would get down and crawl like a child; and at length became so fearful that she refused to walk altogether, and continued to sit up during the day, but had to be put to bed and taken up like a child. After a while she became unwilling to try to get up altogether, and continued to lie until she died. All this time she seemed to be in good health, took regular meals, and her stomach and bowels were uniformly in good condition. I often examined her the best I could, and she had no pains, no sickness, no aches of any kind, and from her own account, and from all that I was able to learn, she was in good health and all the while in fine spirits. The intellect and the mind seemed to be perfectly good, only that she did not seem to know where she was all the time. At length one of the children said to me that Aunt Phillis was getting cold, and on examining her I found it even so; the extremities were cold; still she took her regular meals, and did not complain of anything, and the only change that I recollect of, was that she slept a little more than usual. The coldness increased for two days, when she became as cold as a dead person. Her breathing began at length to shorten, and grew shorter and shorter till she ceased to breathe. Death closed in upon her like going into a soft, sweet sleep, and for two minutes it was difficult to tell whether she was breathing or not. There was no contortion, no struggle, no twisting of the muscles, but after death she might have still been taken, on slight examination to have been in a deep sleep. So passed away Phillis—the only natural death I ever witnessed.—*Nashville (Tenn.) Med. Jour.*

CASE OF GUN-SHOT WOUND OF THE BRAIN WITH RECOVERY.

BY T. S. SMITH, M. D., MURFREESBORO', TENN.

I was called on the morning of the 1st of May to see W. J. C. The messenger informed me that he had been shot in the head at 9 o'clock, P. M., April 30th. On my arrival I found him lying on the floor with a blanket thrown over him, where he had lain

from the time he was shot until I arrived, which must have been 10 hours. His hair was clotted with blood, and from the statement of those present, he must have lost some 2 or 2½ pounds of blood. He was intoxicated when shot, and was an habitual drunkard. The pulse was 52, intellect wandering, great nausea. I administered a nervous stimulant, and proceeded to examine the wounds. When the hair was removed which hung over his forehead, three wounds were displayed: one a flesh wound over the right eye two inches long, cutting the anterior branch of the temporal artery in its passage; but this had ceased to bleed when I saw him. A second slug (for such were the missiles with which the pistol was charged,) had entered the squamous portion of the temporal bone, and passed out through the frontal bone half an inch to the left of the median line. The dura-mater was plainly visible through the entrance of the slug, and a small probe could be passed to the depth of three inches in the head. The brain was oozing from the exit, and the probe could also be passed to the depth of three inches in this opening. Dr. P. W. Burke was called in counsel, and we agreed to draw together the integument and retain it with adhesive strips to prevent the brain from escaping—a small opening was left for the escape of any fluid that might appear in the wound. He was then placed on a litter and moved to his father's house, distance one mile. By this time some re-action was coming on, and reason somewhat restored; complained of considerable pain in the posterior portion of the head, some subsultus tendinum. One grain of calomel was ordered every hour for six hours, then followed by saline cathartics. Saw him again at 6 P. M. Pulse 100 strokes per minute; skin warm and dry; no nausea, but great thirst—wounds not examined. Ordered neutral mixture every half hour through the night, or as long as the fever continued. Saw him the 2d.—Pulse 72; medicine operated well; skin quite natural; no thirst; intellect good; some subsultus; complaining of pain still in the posterior of the head—dressings removed; brain still oozing out at the exit, but does not appear at the entrance; the dressings were replaced, and the grain doses of calomel again ordered and pushed to moderate ptyalism, with the view if possible to prevent inflammation and promote absorption. 3rd.—Pulse 64; ptyalism pretty well established; brain still disposed to ooze out when the dressings are removed, which continued to be the case until after the seventh day, when the exit was pretty well closed and gave us no further trouble—but the entrance took on fungous growth from the integument, which yielded to the solid stick of nit. arg. and dil. nit. acid alternately. After the seventh day he suffered but little, and had a rapid recovery, without his intellect being at all injured. He lost not less than one or one and a half table spoonfuls of brain. I present the case to the profession without comment.—*Nashville Jour. of Med. and Surg.*

SIMPLE INTERMITTENT AND REMITTENT FEVER TREATED BY PARTIALLY DENARCOTIZED OPIUM.

BY W. S. SINN, M. D., ILL.

By some, opium is highly extolled in periodical fevers for meliorating the cold stage; others have thought it operated most beneficially in the interim or the remission, and a few solitary cases have been trusted to that alone during the whole period of the disease. Perhaps there is no disease that is as amenable to treatment, and its management so clearly pointed out, as that of paludal fever, that has been the subject of such various and widely diversified treatment. Every one knows that quinine is certainly and suddenly destructive to its progress, but something cheaper and newer is the ambition that inspires almost every one that is often called to treat it; for in districts where it prevails extensively, a small fortune in a short time is requisite to cover the expense of the prodigal dispenser of that drug.

The fact that led my mind to the foregoing treatment more particularly was, that when opium was given in combination with the cinchonic salts, that a less quantity of the latter was sufficient to defeat analogous cases in a shorter length of time, and in a manner I do not say *better*, but more satisfactory to myself and patients.

The manner in which I proceeded in the treatment of the aforementioned cases, was by cleaning the bowels with six grains of calomel, twenty to thirty grains of rhubarb, succeeding their administration in three doses two hours apart, with a small tablespoonful of castor oil, and beginning as soon as the bowels were well freed of their superabundance of fecal matter, if no gastric distress was present, with two grains of ipecac, and from three to eight grains of partially denarcotized opium every six hours, no matter at what stage of the disease. If there was irritation in the primæ viæ, the ipecac. was withheld and the opium given solitary.

In every case sleep soon overcame the patient, the pains in the head and back as well as limbs were soon dissipated, copious diaphoresis was established, the circulation perfectly equalized, and in no case did a single chill occur after the medicine had been used twelve hours in the intermittent, and in the remittent by the third day in the longest instance, the disease had yielded and convalescence was safely pronounced. The vertigo, tinnitus aurium, produced by the quinine frequently, is entirely avoided, and the patient enjoys a semi-somnolent state during the time of taking medicine, and at the end of twenty-four or thirty hours slowly emerges from his torpid state, his appetite slowly returns, and so far

there has been no case that has had a relapse; and in fact the patient does not appreciate his illness, for he has suffered none.

These cases were all in which I tried the opiate treatment, and these were selected from their simplicity, for they were such cases as one feels safe in persevering in experimentation.

From the treatment, I should have little fears in trying it in cases of gravity; but I would recommend any one to try it in milder cases, before trying it in those of a more dangerous form. I tried merely to save quinine, and I intend to still use it, as long as I am pleased with it, in such cases as the foregoing.—*Nashville Jour. of Med. and Surg.*

ACIDS IN THE TREATMENT, PROPHYLACTIC AND REMEDIAL, OF EPIDEMIC DISORDERS OF THE BOWELS.

An interesting paper on this subject was read before the Epidemiological Society, July 3, 1854, by J. H. Tucker, Esq. The author commenced by alluding to the remarkable, but well-established fact, that in 1849 the cider districts of Herefordshire, Somersetshire, and part of Devonshire, were, to a great extent, exempt from the epidemic ravages of cholera, while the disease was raging around. Upon farther inquiry, it was ascertained that this exemption was confined a good deal to those individuals who drank cider as a common beverage, and that those who partook of malt liquor occasionally suffered. Also, in some parts of France and Normandy, more particularly where cider is the common beverage, cholera is seldom known to exist; and farther, Switzerland was reported to have been free from its visitation.

From these and other facts in proof of the prophylactic power of cider, the author expressed his opinion that other vegetable acids would be found of service, such as lemon-juice, orange-juice, and sour wines made from grapes, or even from gooseberries. And as it would be found impossible to supply the demand for a sufficient quantity of pure cider, *vinegar* might be found a useful substitute in case of another outbreak of cholera, provided that it could be obtained in a state of purity. In confirmation of this view of the sanative and medicinal virtues of vinegar, the author quoted Hippocrates, who "employed white vinegar medicinally"—Plutarch and Livy, who refer to the use of vinegar by Hannibal, in his passage over the Alps, when he is said to have "softened the rocks with fire and vinegar," an operation which the author facetiously regarded as rather metaphorical than chemical, as the vinegar, swallowed by the troops, probably sustained their strength, and thus in effect softened the asperities of their rough way. He also quoted from Roman history the story that "Scipio Africanus is said to

have gained a great battle with a few skins of vinegar," the troops refusing to march until the general had obtained a supply. Cæsar was also reported to mention in his Commentaries the supply of vinegar to the troops; and Mr. Tucker remarked that the drink of the Romans in all their campaigns was vinegar and water, and, sustained by that beverage, they conquered the world. Modern authors, (Sir John Pringle, Sir Gilbert Blane, and others) were also quoted in proof of the antiseptic and medicinal qualities of vinegar. The author then proceeded to show that acid drinks were not only preventive, but remedial in epidemic disorders of the bowels. Cases were related, in which not only persons were exempt from attacks of cholera raging around them, who drank large draughts of cider, but a case of severe cholera was also related, which yielded to the diluted juice of sour apples. The efficacy of the *Mineral Acids*, especially the sulphuric, in diarrhœa, and especially in choleraic diarrhœa, was also advocated by reference to numerous facts and authorities. He also referred to some established facts connected with the spread of epidemic dysentery in the army, showing the efficacy of vegetable acids in that disease.

Mr. Tucker suggested a necessary caution relative to the use of the unwholesome substitute for vinegar commonly sold in the shops.

The discussion which followed the reading of the paper, elicited many facts in confirmation of the author's views; and, as to the efficacy of sulphuric acid largely diluted with water, in choleraic diarrhœa, there was not a dissentient voice.—*Lancet*.

RADICAL CURE OF HYDROCELE WITHOUT INJECTIONS.

BY A. S. HUDSON, M. D.

Nearly a year ago, my attention was called to a case of hydrocele of the left side of the scrotum. For three months only palliative treatment was adopted, and by puncture the sac was four times emptied of its serous contents.

The patient, having listened to a lively picture of suffering which a neighbor had sustained while under treatment for this disease at Chicago, became prejudiced against the mode of treatment with irritating injections. He looked upon it with terpidation; and was, therefore, solicitous for some final though less formidable therapeutic plan.

Accordingly he was furnished with the ointment of tart. ant., and directed to courageously apply it to the diseased part until prominent pustules appeared. The first crop covered less than half of the tumid surface. These were allowed to run their course and decline. Then other remaining portions of the surface

were topically medicated, and at length eroded. The lowest part of the scrotum resisting, the ointment was here lastly applied.

Altogether ten days or two weeks were consumed in this cautious tentative medication; yet it worked well. The artificial inflammation dipped deep, and caused the two surfaces of the tunic to adhere firmly together; and now for more than six months the patient has enjoyed a *useful* gland and a sound scrotum.

It may be remarked, that two weeks prior to the adoption of the above-mentioned measures, he was treated for inflamed testicle, which, from exposure to atmospheric vicissitudes, followed the last tapping. The reduced inflammation left an enlarged testicle surrounded with a little water. With this state of the parts the inunction was commenced. The tumid gland lessened with the fluid's disappearance.—*American Jour. of Med. Sciences.*

GUM MEZQUITE AS A SUBSTITUTE FOR GUM ARABIC.—BY GEO. G. SHUMARD, M. D.—Fort Smith, Ark.—This gum (for which I propose the name of *Gum Mezquite*,) is believed to occur in inexhaustible quantities, and will no doubt hereafter prove a valuable source of revenue to the State of Texas, New Mexico, and the adjacent Indian territory, besides affording employment to the different tribes of Indians now roving on the plains, many of whom would no doubt be glad to gather and deliver it to the frontier posts for a very small compensation.

The *Mezquite Tree*, from which the gum is obtained, is by far the most abundant tree of the plains, covering thousands of miles of surface, and always flourishes most luxuriantly in elevated and dry regions. The gum exudes spontaneously in a semi-fluid state from the bark of the trunk and branches, and soon hardens by exposure to the atmosphere, forming more or less rounded and variously colored masses, weighing each from a few grains to several ounces. These soon bleach and whiten upon exposure to the light of the sun, finally becoming nearly colorless, semi-transparent, and often filled with minute fissures. Specimens collected from the trunks of the trees were generally found to be less pure and more highly colored than when obtained from the branches. The gum may be collected during the months of July, August and September, but the most favorable period for that purpose is in the latter part of August, when it may be obtained in the greatest abundance and with but little trouble. The quantity yielded by each tree, varies from an ounce to three pounds, but incisions made in the bark not only greatly facilitate its exudation, but cause the tree to yield a much greater amount. As it is, a good collector would

probably be able to gather from ten to twenty pounds a day; were incisions resorted to, probably double the amount might be obtained.
—*Western Med. Jour.*

DECOCTION OF OATS AS A DIURETIC.—Many years ago, Dr. Themont called the attention of medical men to the remarkable diuretic properties of decoction of oats. Although the paper announcing his observation contained the narrative of a case of cardiac dropsy cured by the sole use of this remedy, yet he did not succeed in exciting much interest on the part of the profession in his discovery. We have seen the oat-tea tried pretty frequently of late in cases of dropsy, in most of them in combination with other treatment, but unassisted in a sufficient number to fairly test its virtues. Its powers are probably not at all superior to those of the decoction of broom; and as a good alternating remedy with the latter, its proper place in therapeutics would perhaps be assigned. Its simplicity and freedom from injurious qualities are great recommendations, since it may, without risk, be entrusted as a domestic remedy to patients not under regular care. In several cases of slight oedema of the extremities, consequent on heart disease, the patients succeeded, by its use alone, in getting rid of that symptom. The mode of preparation is to take two handfuls of common oats (not in any way prepared,) and boil them in three quarts of water for about a quarter of an hour. Of the strained decoction, a teacupful should be given frequently, as an ordinary drink.—*Med. Times and Gaz.* Sept. 9, 1854.

ETHERAL SOLUTION OF NITRATE OF SILVER.—Every one who has tried it is aware that the application of a watery solution of the nitrate of silver over a large extent of skin is a troublesome and patience-requiring process. The fluid does not dry quickly, and it runs about, being prevented, by the greasiness of the skin, from being rapidly absorbed. A plan which we see adopted by Mr. Ward, in the London Hospital, obviates very completely these difficulties. It consists in making the solution with the common nitric ether, instead of water. The ether acts as a solvent of any sebaceous matter which may be on the skin, and, from its volatility, very quickly dries in, producing, at the same time, a sensation of coolness very agreeable to the patient. If wished, several coatings may be applied successively to the same part, with loss of but little time. The strength which Mr. Ward generally employs is eight grains to the ounce; but it may, of course, be modified according to the wishes of the surgeon. The use of nitrate of

silver externally, in erysipelas and other low forms of inflammation of the skin, is a very favorite practice in most of the London hospitals—either an aqueous solution, or the solid stick moistened, being usually employed. Mr. Ward informed us that the use of the ethereal menstruum was not original, but had been suggested to him by a gentleman by whom he had been consulted.—*Med. Times and Gaz.*

Improved Stethoscope.—Dr. Camman, of New York City, has invented a new stethoscope, which intensifies, to an extraordinary degree, every sound heard in auscultation. This intensity is produced by both ears of the observer being acted upon at once, and the ear-pieces fitting tightly into the meatus of both ears, all external sounds are more thoroughly cut off, and the mind of the ascultator is thus forcibly drawn to the phenomena taking place within the thorax. We hope to be able to give a full description of this instrument in our next number.

Sore Nipples.—Dr. Bourdel, assistant professor at Montpellier, states in the *Gazette Medicale* of Toulouse, that for the last ten years he has used with advantage the simple tincture of benzoïn in the soreness of the nipples occurring during lactation, whether the fissures were superficial or deep, large or small, recent or of long standing. The tincture is applied with a camel's hair brush, and forms a layer which protects the nipple from the contact of the air and clothing. The first application causes some pain. The child takes the breast without repugnance as soon as the liquid has dried. A cure may be anticipated in from three to twelve days.

Vomiting.—Dr. Lobach adds the weight of his extensive experience to the opinion which has been repeatedly advanced of late in regard to the utility of the tincture of nux vomica in cases of obstinate vomiting during pregnancy. The nux vomica is given in doses of four drops every two hours.

Never give Mercury to a debilitated patient, nor to one with a weakened state of the system.

Cut off the upper third of a Tonsil and the rest will dwindle away.

In inflammation, just before healthy termination takes place, a copious secretion from the inflamed part occurs, indicative of the impending resolution.

The abuse of mercury strongly predisposes the system to the morbid effects of a low and variable temperature.

Never leave a wound ragged.

EDITORIAL DEPARTMENT.

SANITARY CONDITION OF WESTERN STEAMERS.

This subject has not received that attention which its importance demands. The very frequent occurrence of disease on board these water craft, entitle them in our opinion to the unenviable distinction of floating "*pest-houses*." We unhesitatingly declare it to be our conviction, that there was scarcely a boat from the south which landed at our port during the last season, from early spring until late in the fall, on board which there was not one or more sick persons, and oftentimes a corpse requiring the rites of sepulture. For several of the previous years, the frequent occurrence of sickness in some form or other upon our steamers, became so generally known, that it was the subject of universal remark, and with many of severe animadversion. A serious dread was awakened in the public mind in adopting this mode of travel, and when the extended system of railroads had well nigh covered in a net-work the states of Ohio and Indiana, and promised soon to throw its meshes over us, congratulations were indulged in, that soon we would have a safe, comfortable and expeditious mode of reaching the East without the hazard of collapses, snags or fire.

Since then, and particularly during the past year, our experience and observation are not in favor of either the comfort or safety of railroad travel, although more rapid in movement. On account of the numerous accidents upon rail cars, and the startling accounts of "mangling" and "maiming," blackening the columns of the public journals with their horrid recitals, the public attention is again turned to steamers, as decidedly the safer of the two modes of travel, though not quite so expeditious. Certain it is that there has been a less number of accidents during the past year than usual upon our western waters, while upon railroads they have fearfully multiplied.

The reason for this exemption may be found to be two-fold: *First*, in the rigid exaction of the law requiring the highest capa-

city and the most perfect sobriety of the engineers: and, *Second*, the fact that the commerce upon our rivers was limited in some, and entirely suspended in others. The last mentioned circumstance doubtless increased the travel upon the railroads, for the vast emigration to the west from the east, sought these thoroughfares rather than endure a long, laborious and protracted journey over-land, liable to disease because of the exposures they must endure. Now that the journey can be performed, from the extreme east to the banks of the Mississippi in three days, whereas by wagons it would require almost as many months, the achievement is a great one, and the results incalculable. With this increase of numbers upon the railways, there would be an increased liability to accident arising out of derangements in their time of running; and the greatly increased demand for vehicles and propelling power would reconcile the use of those means of conveyance which a prudent regard for the lives of our fellow beings, should have suggested the propriety of being withheld. That these conscientious scruples, if they were ever felt, were in many instances disregarded during the last season there is not a doubt.

In view then of the fact that the public attention is again turned in the direction indicated above, and in view also of the fact that on the part of those engaged in the management of all the various thoroughfares, there is a stolid indifference and a criminal contempt evinced for the safety of the wayfarer, who has put his life in their hands for safe keeping, we say in view of these things, it is the duty of that public to investigate and as far as possible to correct these evils, diminish the number on the category, and remove out of the way those wholly needless and avoidable. And we look upon the public journals, particularly those devoted to the discussion of the best means of preserving health and life, to be solemnly called upon to point out, and expose certain criminal omissions of duty which it would for the benefit of all to observe.

Without undertaking to indicate the mode by which certain existing evils may be removed, it is sufficient for our purpose to point out those evils in order that some mode of reformation may be adopted by those who may be authorized to execute it. The moral delinquencies of officers and owners, resulting often in collisions, explosions, burnings and snaggings, are subjects which belong to others to discuss, and evils which require their own and appropriate

remedies. The construction and management of these craft with reference to comfort and health will demand our attention now.

The term "western waters," is understood to mean the Mississippi river, beginning at its mouth and extending to the head of the steamboat navigation of each of its numerous tributaries. Some of these constitute channels of conveyance from the east to the fertile valleys of the west, while others penetrate into the very heart and centre of these productive and fertile regions, to which the tide of emigration is yearly flowing in living streams.

Not only are the eastern states contributing to this, but foreign countries are furnishing largely of material to swell the human current. The immigrants from abroad, no matter at what sea-port they land, are found on the way to their destination, upon the main trunk of the Mississippi or some of its tributaries. The situation in which they land, or a large majority of them, their condition while traveling, and their mode of living, under *any* circumstances, are beyond all description wretched and filthy. When on their "winding way," however, to their new homes upon these steamers, they constitute, as it were, so much inflammable matter, which is easily ignited by the warmth of a pestilential breath.

To this tide of immigration, we must add the travel, which largely swells the numbers of this vast moving mass of human beings. These all meet upon the same boats, those who respect health and propriety so far as to avoid filthy habits, and those of the above mentioned class. These do not mingle often, but they breathe the same atmosphere, which is often rendered still more impure, if possible, by those who condemn personal cleanliness, comfort and health. In addition to this, there is a miscellaneous collection of freight. Not only do boats take freight and passengers; but they also take domestic animals of all kinds. The boat itself, is composed of three apartments, ranged one above another—the lowest of which is the "hold," except a small space between the floor of the hold, and the true bottom of the boat of from four to six inches. Above the hold, is the deck, which is sub-divided again into passenger deck and the boiler deck, between which are the engines. Above these again, the "cabin." Surmounting these is still another, which, because it is a kind of territorial extension, is dignified with the title of "Texas."

Merchandise, grain of all kinds, and everything usually carried upon boats, are stowed in these holds. Leakage from molasses, spirits, oils, &c., runs upon the floor of these holds and percolates through the seams into the space below. These materials mingle with the "*bilge water*," which constitutes a heterogeneous mass of a most foul and noxious character. The emanations from this rise upward and diffuse themselves through all parts of the deck. This foul mixture extends from *bow* to *stern*; and we have been assured, by persons of abundant opportunity for knowing, that this is often so offensive, as to make it unpleasant and hazardous to remain in these "holds," for any considerable length of time. These foul gases are not confined to the decks alone, but they diffuse themselves more or less over the entire boat.

The "passenger deck" is an area of from sixteen to twenty feet square, and in the centre is a *huge engine*, often well broken up, called a cooking stove. This is saturated with oils, and when heated, sends forth vapors unpleasant and suffocating. On each side there is a kind of rack, black with smoke, and soaked with grease, intended as a kind of frame for beds or "bunks." This is divided into apartments, and ranged one above another. These frames are often further and still more *richly* endowed with certain elements of comfort in the shape of a filthy mattress, and perhaps a blanket or quilt, in even a worse condition. Immediately in the rear of the boat is a wide aperture which is really the only element of comfort connected with this part of the deck, and even this becomes a source of discomfort and annoyance in stern wheel crafts, because of the mist blown in by the action of the wheels. The space constituting the deck proper, is often encroached upon and materially limited in size by fortifications composed of boxes of goods, crates filled with straw, hogsheads filled with ware and damp straw, grain sacks, beds and bedding of emigrants; these piled up to the floor of the cabin, constitute quite a formidable obstruction. A narrow passage is left by which to reach the interior of this fortified area which, when reached, is found filled with human beings of all ages, sexes, and usually in the very worst possible condition. The air is surcharged with noxious vapors, and is in many instances intolerably offensive. Different kinds of food are in process of preparation upon a highly heated stove, necessary even

in midsummer, and the air of this limited and crowded apartment is filled with a compound aroma made up of food in process of cooking, odors of carbonizing oils, the foul emanations from the fecal evacuations of children, the stench from the excrement of cattle or horses which often flank decks on each side, the exhalations from decaying straw and decomposing grain, some of which has been littered and strewed over a humid deck floor, constitute no exaggerated picture of the condition of very many of the steamers which have arrived at our port during the past year.

The reader will conclude, that in the above, there are found abundant causes for the much sickness occurring upon these boats without referring to the additional fact, the heat of the boilers and the humidity arising from constantly escaping steam, which are driven back by the current occasioned by the onward movement of the boat, and which under the circumstances might have remained latent,

And then again, coming up from the hold below through every cranny of the deck floor, are the foul emanations engendered there to join the cohorts of death dealing emissaries which have already been marshalled to the attack.

The water of the Mississippi and its tributaries, particularly from the north, constitutes a large share in the production of disease. An analysis shows the existence of lime in several forms, vegetable extraction and animal matters in solution, of the latter even some are suspended and not dissolved,

These are highly irritating to the alimentary canal of persons whose digestive organs are impaired, and in a particular manner in children. In these last, gastric and enteric disturbances are very readily produced. Independent of the above detailed influences, gastro-enteric difficulties are often produced by an indulgence in its use, particularly by those unused to it.

The habits of the emigrant when on board these steamers, not only predispose to, but excite disease. This embraces considerations of cleanliness and diet. The exhilarating influences arising from the rapid movement of the vessel, and the quick and successive changes of scene are circumstances well calculated at first, to impart an appetite which is usually freely indulged and gratified. If the journey be some days protracted, the digestive organs are clog-

ged and impaired in their function which, added to the causes heretofore mentioned, largely augment the tendency to disease and *per consequence* contribute to the number of cases.

Again, the diet may be deficient in *quality* as well as in *quantity*. The circumstances in which they are placed forbid the possibility of a good preparation. If it were even proper in quality, quantity and mode of preparation, the digestive powers fail, as already observed, and denied the opportunity of exercise in pure air they would be found in the best possible condition for the production of disease from causes intrinsic or extrinsic. for it is a fact well known, that the indulgence in food of bad quality or defective in quantity is more seriously felt than elsewhere on board ship, in prisons, in asylums, or any other close habitation in which a large number of human beings are crowded, and where the due amount of air and exercise cannot be indulged in.

The cabins, though better, are yet not free, in many instances from gross outrages upon certain sanitary rules and requirements. The state rooms are too small, ventilated apparently upon the principle that fresh air was too valuable, cost too much, and that it could not be afforded. The beds are too often filthy, and yet, although these rooms are too small for the health and comfort of one individual, two are crowded in, not to sleep in bunks of equal height on terms of *perfect equality*, but one is placed above the other, the individual flattered by promotion, to receive in addition the benefits and favors of the foul expired air of the *humble* and *lowly* just under him.

We could dwell at great length upon this subject; but we will dismiss it in the hope that enough has been said to call the attention of the profession to the importance and necessity of a change. It is incumbent particularly upon the profession of the west, because the numerous travelers and immigrants bound for the western states who have either died upon these boats, or immediately after landing, are referred to as instances of the great unhealthiness of the climate, when if our medical men would but follow our example, penetrate into the lower apartments of these boats, search out and expose every criminal neglect of human comfort and these irrefragable evidences of indifference to human life, such an agitation would lead to greater security by the establishment of the most rigid sanitary laws and regulations.

HOMŒOPATHY LEGITIMATELY DEVELOPED.

The New York Medical Journals, make lengthy allusions to a recent case of death by homœopathy, which has lately occurred in Brooklyn. The particulars involve such a stupendous amount of ignorance and obstinacy in the attending physicians, as to stir to indignation the sensibilities of any man. We have only room to mention, very briefly, a bare outline of the facts.

A pamphlet has been published, containing the history of the case, together with the inquest before the coroner, and the strange testimony of the Homœopathic Doctors. It seems that a little girl, Agnes P. Lottimer, of Brooklyn, was taken ill, August 2nd; and a Dr. Wells, having been called in, found as he alleges inflammation of the brain;—with all the accompanying symptoms, although other circumstances and the progress of the case, proved plainly enough that she was in the hot stage of an intermittent. The Dr. goes on to treat his mistaken cerebral disease with miraculously small doses of aconite and belladonna. We are not in the mood for nice calculations. The quantity given, was the merest shadow of a dilution of the tinctures of aconite and belladonna in some millions of gallons of water; just how many millions, is a matter of no consequence, in a homœopathic point of view. Under this treatment, the "inflammation of the brain," at which our Dr. Wells was insanely aiming his sugar water, did not subside. The microscopic treatment went on, and so did the fever and ague. Rhus, toxicodendron, pulsatilla were called in use, but did no good. Week after week progressed, and the disease unchecked, kept pace with time. Chill followed chill, with alarming and fearful regularity, and with increasing violence; the little sufferer, as appears from the testimony, was "pale; extremities cold; the whole body covered with a clammy sweat; thirst almost continual; tossing of the body to and fro; anxious sighing respiration; heat of the head to the touch; pulse very frequent and very feeble." Dr. Dunham was called in, and illuminated the case by additional homeopathic darkness. We cannot follow the painful progress of the case. It went on for *more* than two months, the disease becoming of course more and more complicated, and as it advanced, fastening itself upon fresh structures. At last, the patient was seized with con-

vulsions, and finally with hemorrhage from the lungs, which soon proved fatal. All this time, and even up to the very close, the parents were consolingly assured by the doctor that their child was improving.

Now, the evidence before the coroner, clearly proved, that this child died of fever and ague, and that too of a type of no uncommon severity. The disease, it is proved, was allowed to run its course unchecked, and death ensued. Look at the case. Everybody, educated or not, knows that thousands and tens of thousands of cases of fever and ague are cured every year, in this country, by physicians and even ignorant people, sometimes, by the simple use of a few grains of calomel or blue pill, castor oil, and by quinine. It is as plain and clear as that the sun rises every morning. Yet, in the city of Brooklyn, a child is taken sick with ordinary intermittent, a doctor is called in, who at once sees the nature of the case, (if not, so much the worse,) and yet, knowing the entire curability of the disease, but by means, which his *creed*, does not acknowledge, he is so wedded to his insane fooleries, that he sits by, and sees her go down and down, knows, or should know that fearful congestions are accumulating in the system, and for two months allows her to struggle unaided with the disease, and finally sees her die, without once stretching forth his hand, or making one intelligent effort to save her. The patient must die before he will stir from his homeopathic orthodoxy. It is but the very tamest language to say, that such a course of conduct is only a formal round-about homicide, and that any doctor thus guilty, should be held as criminal, in the eyes of the law.

If anything can add to the revoltingly criminal aspect of this painful narrative, look at the profoundly deliberate ignorance of the homœopathic doctors, as evinced by their testimony before the coroner's jury. The statement was brought forward by these savans, that the child died of—what would you suppose?—*mumps*! The allegation was, that three days before her death, the disease became complicated with mumps, which was translated to the membranes of the brain. It has been a notion that mumps generally involve a certain gland, sometimes called the parotid; but these mumps never affected that organ. What were the symptoms? "A slight stiffness of one side of the neck, with slight tenderness

on pressure over the upper and anterior edge of the cleido-mastoid muscle. *There was no swelling of the parotid gland.*" Remarkable mumps, indeed! yet not more so than mumps in the practice of doctor Hull, another such, who testified of a child who had mumps in its bowels! Well, in this case, as the child died of *mumps in the brain*, it seemed necessary to account for the fatal hæmorrhage from the same source; and how was that done? Our Dr. Wells shows his contempt of pathology by alleging that she died "by suffocation from the accumulation of blood in the throat," said blood having found its way there out of the longitudinal sinus, which, having been ruptured, poured its contents *through the cribriform plate of the ethmoid bone!*

Mumps, without any affection of the parotid gland, and such mumps translated to the brain, then to the lungs, and finally fatal hemorrhage through the ethmoid bone!! Pathology is no impediment to the progress of such a man.

A cotemporary says: "The amount of moral guilt involved in such cases we will not presume to determine. Yet it is plain enough that to mean well is not a sufficient reason for doing ill, nor to think one's self right, a proper excuse for doing wrong." We heartily endorse it, with an earnest affirmation on our part respecting the criminality of ignorance, when plainly voluntary, as here. Such ignorance is doubly culpable. The individual is in the first place deeply to blame for his ignorance, and also for that wanton abuse of life, which is the result of such ignorance. We have no patience with smooth-faced pretenders. We only regret that our want of space prevents any further comments.

CLOSE OF SESSION AND GRADUATING EXERCISES.

The usual Lecture session of the Iowa Medical Department closes upon the last of February, just as this form of our Journal goes to press. The session has continued during the full term of four months, and has been faithfully attended by a studious and courteous class. It may not be improper to mention that three years ago, under a different organization from the present, the whole number of students attending lectures was fifteen, and the number of graduates six. During the session of last year, the

number of matriculants was 41, while the whole number in actual attendance was about 50 ; at that session, the number of graduates was thirteen. But, during the session just closed, the class has amounted to about 75, and 19 graduates have just passed forth from our halls. This brief recapitulation is full of encouragement to us, and we are assured from the tenor of frequent letters that the healthy condition of the Institution thus indicated, besides being eminently satisfactory to us, affords pleasure to our very numerous friends in every portion of the State.

The closing exercises of the late session were held in this city on Tuesday evening, the 26th of February. After appropriate preliminary exercises, the charge to the graduates was pronounced by Dr. M'Gugin, who then bestowed Diplomas upon the following young gentlemen :

GRADUATING CLASS :

Names.	Residence.	Subject of Thesis.
CHARLES R. ARNOLD,	Conn.,	The Blood.
ENOS T. BONNEY,	Mo.,	Colo-Rectitis.
JOHN R. CHAMBERS,	Ill.,	Chemical Diuretics.
D. S. COOK,	Iowa,	Dropsical Diseases.
WILLIAM T. DAY,	"	Protochloride of Mercury.
FRANCIS A. DOER,	"	Mechanism of Parturition.
JOHN J. ELLISON,	"	Uterine Hemorrhage.
T. H. EVERTS,	Ind.,	Relations of Life.
HENRY C. GROVER,	"	Physiology of Death.
J. W. HENDERSON,	Ill.,	Typhoid Fever.
JOHN A. HOLTON,	"	One Idea Systems of Med.
WM. F. HABLE,	Iowa,	Typhoid Fever.
JEFFERSON G. HART,	Ky.,	Koino-Miasmata.
J. M. MCKESSON,	Ill.,	Physiology of Respiration.
ROBT. PUTNAM,	Iowa,	Miasmata : Causes and Effects.
D. H. ROUSSEAU,	"	Typhoid Fever.
J. B. STANDLEY,	"	General Anatomy.
WM. N. TOWNDROW,	"	Gonorrhœa.
CALVIN C. WILKIE,	"	Pneumonia.

The Honorary Degree of M. D., was also conferred upon the following gentlemen: Drs. N. UDELL, AMOS WITTER, C. C. GREEN, of Iowa, and Dr. J. C. PATTERSON, of Ill. The *ad eundem* degree, was conferred on Dr. GEO. W. TAYLOR, of Mo.

After the ceremony of conferring the degrees, followed the address of Prof. Sanborn, which was a very able production. The burthen of his theme was the necessity of self-reliance on the part of the physician, and his subject was not only appropriate and well chosen, but his position most ably sustained. This element of success and true greatness was most forcibly exhibited, and those who could look around them and back upon the pages of history, particularly of our own country, would find abundant evidence of the truth of the position taken by the speaker, viz., that it was the most efficient and active agent in eliminating and bringing out the brightest intellects and most useful and efficient minds of the past or the present day.

He also urged upon the consideration of the class, the necessity of the cultivation of the most incorruptible morals. He dwelt in particular upon honesty as a virtue which should be most sedulously observed and practiced. He alluded to the numerous opportunities of the physician to practice charlatanism, and referred to the lamentable want of knowledge in the secular world, relating to medicine, and that in this more than in any other pursuit, were the masses more liable to be deceived or imposed upon. In a most impressive manner he warned them against such low and disgraceful practices, but which to the dishonor of the profession are but too frequently adopted.

We can hardly say too much in praise of this effort either with regard to the matter or the manner. It has added another to the numerous evidences heretofore exhibited, of the talents and acquirements of the speaker; and in conclusion, we would say to our readers, that we shall hereafter cull out certain portions for our pages in the future, that they may enjoy a share of the intellectual treat with which those present were regaled.

After Prof. Sanborn, followed Prof. Hughes, who made a short statement of the history of the School, since its connection with the Iowa University, and the number of classes of each winter up to the present time. He also called the attention of the audience to the amount of labor performed by the Professors, and showed the number of lectures delivered in the last four months, to have been over six hundred, or equal to one hundred to each chair, besides enumerating other facts connected with our course next session.

MEDICAL COLLEGE MUSEUM.—A very valuable contribution has recently been made to the Museum of the Medical Department, by Prof. Hughes. Messrs. A. H. & E. W. Winans, of Hamilton, Ill., opposite Keokuk, have, for some years, been devoted to the beautiful art of Taxidermy, and have, by long continued labor, prepared a great number of excellent specimens of Natural History, chiefly illustrative of ornithology. Dr. Hughes visited their collection a few weeks since, and was so much pleased with the beauty of the preparations, and so anxious that it should become a part of the College Museum, that he purchased the whole number, and has had them removed to the College buildings, where they are to be properly arranged in suitable cases, and set forth in all the beauty and grace of life-like expression. Among these are many rare and intrinsically valuable specimens, which deserve public preservation. We may mention the Otter, a magnificent Swan, Great Northern Diver, Snowy Owl, Great Horned Owl, Wild Turkey, Wild Cat, a beautiful young Deer, an Arboreal Coluber, Diamond Rattle Snake, and a Massasauga, with about a hundred other specimens. We are much pleased that so valuable a collection has been secured for our Museum, and are confident that another such cabinet does not exist in the State, and probably not in the whole north-western portion of the Union. The excellence of the preparation reflects much credit upon the almost self-taught artists, who have bestowed upon these specimens so much time and attention.

We have mentioned before, and take the liberty of repeating it, that we should be exceedingly thankful to any of our medical or scientific friends in the neighboring country, who may find it convenient to favor us with interesting specimens of Natural History or Geology, and particularly any that may illustrate Medical science, in any of its numerous branches.

We have received some donations, for which we are very thankful, and hope to be equally or more grateful for many others yet to follow.

We have received a number of recent publications, but too late for notice in the present number; among them the following:

"Report of the Sanitary Commission of New Orleans, on the Epidemic Yellow Fever of 1853"—from Dr. E. H. Barton. "Autobiography of Chas. Caldwell, M. D."—from Lippincott, Grambo & Co., Philadelphia. "Pathology and Treatment of Pulmonary Tuberculosis by John Hughes Bennett, M. D."—from Blanchard & Lea, Philadelphia. "Transactions of the New Hampshire Medical Society," and some other works, which we will notice in our next,

AMERICAN MEDICAL ASSOCIATION.

The eighth annual meeting of the American Medical Association will be held in the city of *Philadelphia*, on Tuesday, May 1, 1855.

The secretaries of all societies, and other bodies entitled to representation in the Association, are requested to forward to the undersigned correct lists of their respective delegations *as soon as they may be appointed*; and it is *earnestly* desired by the Committee of Arrangements that the appointments be made at as early a period as possible.

The following are extracts from Article Second of the Constitution:—

"Each local society shall have the privilege of sending to the Association one delegate to every ten of its regular resident members, and one for every additional fraction of more than half this number. The Faculty of every regularly constituted medical college or chartered school of medicine shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred patients or more, shall have the privilege of sending two delegates, and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate."

"Delegates representing the medical staffs of the United States Army and Navy shall be appointed by the chiefs of army and navy medical bureaux. The number of delegates so appointed shall be four from the army medical officers."

The latter clause, in relation to delegates from the army and navy, was adopted as an amendment to the Constitution at the meeting of the Association held in New York, in May, 1853.

FRANCIS WEST, M. D., 352, *Chestnut St.*, *Phila.*
One of the Secretaries.

AMERICAN MEDICAL ASSOCIATION.—PRIZE ESSAYS.

At a meeting of the American Medical Association, held in St. Louis, (Mo.,) in May last, a committee was appointed to receive and examine such voluntary communications on subjects connected with medical science as individuals might see fit to make, and to award two prizes of one hundred dollars each to the authors of the two best essays. Notice is hereby given, that all such communications must be sent, post-paid, on or before the first day of April, 1855, to R. La Roche, M. D., Philadelphia. Each communication must be accompanied by a sealed packet, containing the name of the author, which will not be opened unless the accompanying communication be deemed worthy of a prize. Unsuccessful papers will be returned on application to the Committee at any time after the first day of June, 1855; and the successful ones, it is understood, will be published in the *Transactions* of the Association.

Philadelphia, Jan. 1855.

PROFESSIONAL QUACKERY.

Various forms of quackery are constantly obtaining among those who call themselves regular physicians. Our attention has been called to a few which demand notice. We cannot doubt that these irregularities often occur from ignorance or a misunderstanding of certain principles which are clearly laid down in the code of medical ethics. Some of these practices, however, involve the physician in a breach of the plainest laws of morality. We should suppose that the impropriety and even the immorality of encouraging directly or indirectly the use of quack medicines would be obnoxious to any one who pretends to practice physic upon scientific principles. Some may fall into the error insensibly. Many we know find it necessary to keep a stock of drugs, and some add to their income by keeping drug stores. This may be necessary, as we have said; but, there can be no need of keeping patent medicines. Abundance of excellent formulæ may be found in the Dispensatory and other standard medical works. We know the physician who has these medicines in his own drug store, may be tempted to use them either to save himself the trouble of compounding or studying out a remedy. But there can be no excuse for such a

course. The component parts of these quack remedies are a secret, and he who prescribes them, practices dishonesty both with himself and his patient—with himself because he thus gives the lie to his own profession of ability to treat disease—with his patient since he is giving him he knows not what.

By recommending or vending these nostrums also, the physician is almost as directly encouraging one of the worst kinds of quackery, one of the greatest forms of imposition. We believe that no one who has any regard for the welfare of his profession or the advancement of true science—no one who possesses a suitable degree of self-respect—no one, finally, who places before himself a proper standard of right, will do any thing which has even the appearance of countenancing this dishonest and unrighteous traffic.

Nor can any right-minded physician keep secret those means which he may have found useful in the treatment of disease. If he lays any claim to that high name which has been accorded, in all time, to the members of his profession as “friends of humanity,” he will make known such modes of treatment, as chance or skill may have placed at his command, for the relief of suffering mortality. If he is actuated by motives of justice, he will endeavor, in this manner, to repay somewhat of the debt he owes to those from whose labors his own power is derived—he will feel that he has no right to reap the fruit of another’s toil, unless he is willing to add all he can to the common fund of knowledge. If he has entered the field of professional action with a proper appreciation of its duties; or, if he desires to pursue his calling in the only spirit which can lead to honorable distinction, he will not let pass any opportunity of contributing his mite to the cause of medical science.

Some of those who follow legitimate medicine, countenance quackery by meeting, in consultation, irregular practitioners. We are aware that whenever a physician refuses to meet a quack at the bed-side of a patient, he is called illiberal. But of such illiberality, we should be proud to see every member of our profession possessed. It would seem as though the common sense of the people should perceive the injustice of expecting a physician to submit to such an indignity. The physician himself, is highly culpable who will consent to consult with quacks of any name. The only head-

way ever made by all the allied host of empiricism, has been by their constant out-cries against the regular practice—by wholesale abuse—by incessant reviling, and by unblushing misrepresentation.

They ridicule the knowledge and wisdom of those whose hairs have grown grey in pursuit of science—they laugh to scorn the toils and labors which have occupied whole lives of men really great and truly devoted to their profession—they studiously conceal whatever of good they may see, and parade in the most odious manner whatever imperfections may appear in the practice of legitimate medicine. In spite of all these things, they are astonished and horrified because regular physicians refuse to meet them in consultation! But it is actually dishonest on another account. Whenever and wherever the physician is called to practice his art, he must have a clear field, and if he consult with any, it must be with those and those only, who, acting in good faith, will do all they can to aid his efforts.

If any person has sufficient confidence in a quack to employ him he will not take the advice of a regular physician, so that the presence of the latter is useless. If the quack himself wish the other's attendance, the only supposition can be that he wishes for assistance to correct his own blundering diagnosis. But it is not our duty to instruct those who set at naught our knowledge. Our business is to cure, not to teach ignorant pretenders. We have seen some excellent remarks in the June No. of the Nashville Journal of Medicine and Surgery. A quotation is made from an article by Dr. Reese, of New York, Editor of the American Medical Gazette, in which the subject in point is illustrated by the question, whether an Evangelical Minister would meet a Mormon Elder at the bed-side of a dying person, and co-operate with him in his endeavors to prepare a soul for eternity?

Our case is even stronger than this, since the Mormon believes in the Bible, and in Jesus Christ as the Son of God; but the regular physician, who meets the quack in consultation, acts as inconsistently as the clergyman who should fraternise with the open and avowed infidel who considers or pretends to consider the religion of the Bible false. The editorial of the Nashville Journal has the following excellent sentence:—"If we would preserve self-respect, the dignity of our calling and the good of society, the gulf between

the quack and the physician *must* be so wide and deep as to be utterly impassable.

There is another practice, no less reprehensible than those we have mentioned above, which we most earnestly hope to see done away with. We refer to the custom of attending on families for a fixed amount *per annum*, or as it is called, "doing *doctoring* by the year." This is well worthy of the ignorant quacks who are everywhere imposing themselves upon the public. We have heard such a practice most strongly condemned by non-medical men as dishonest, and in a high degree dishonorable. It is manifestly dishonest, since no physician can foresee how his time may be occupied. If a family depends on him for medical aid, he may be absent at that critical moment when his services are most needed. Besides, all such things injure the standing of the profession, and degrade it from the rank it should maintain. We trust our brethren will open their eyes to this evil, and not strive to compete with ignorant and unscrupulous quackery in any such matter.

If we justly appreciate the true glory of our calling, we shall always be alive to its highest and best interests, and nothing will tempt us to turn aside from that path to which a sense of propriety and honor ever point.

BIBLIOGRAPHICAL NOTICES.

THE TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION, instituted 1847, Vol. VII. New York: Charles B. Norton, 1884—8vo. pp. 668.

The publication of the Transactions was, at the last meeting at St. Louis, in May, transferred from Philadelphia, to New York; and the committee who have issued the present volume, actuated probably by a laudable zeal, have completed their work at a very early day, and seem also to have done it very faithfully. We certainly shall vote for the present muslin binding, instead of the French-ish pasteboard package, which we have heretofore put up with. The work is furnished with two uncolored engravings and a few maps, illustrating the Reports of epidemics.

First, in the volume, are the proceedings of the seventh Annual

Meeting, of the Association, and the Address of the Vice-President, Dr. USHER PARSONS, of Providence.

Report of the Committee on Medical Education, prepared by the Chairman, Prof. CABELL, of the University of Virginia, who has been a prominent advocate of reform in this matter. This report is a clear and able document, and although we might possibly demur at some of the points, still it will well pay attention.

Report of Committee on the Epidemics of Kentucky, and Tennessee. By W. L. SUTTON, M. D., Georgetown Ky.—Comprises over fifty pages, and embraces many points of interest.

On Erysipelas. By R. S. HOLMES, M. D., of St. Louis, Mo.—While this report has many creditable points, we think the least satisfactory portion is that relating to the treatment. We cannot but wish the author had paid more attention to this part of the subject.

On the Medical and Toxicological Properties of the Cryptogamic Plants of the United States. By F. B. PORCHER, M. D., of Charleston S. C. A very elaborate paper, comprising some 125 pages and replete with valuable details respecting the localities, varieties and properties, both medicinal and poisonous of all the cryptogamic plants in this country.

Report on the Epidemics of Ohio, Indiana and Michigan, for the years 1852 and '53. By GEORGE MENDENHALL, M. D., aided by numerous assistants; one hundred and thirty pages, giving a clear and apparently full history of the subjects in question.

Report on the Epidemics of Louisiana, Mississippi, Arkansas, and Texas, in the year 1853. By E. D. FENNER, M. D. of New Orleans La. Contains over 180 pages, almost exclusively devoted to a very valuable history of the Yellow Fever, comprising a full consideration of the various questions of interest which arise in connection with this fearful disease.

Prize Essay: On a New Method of Treating Ununited Fractures and Certain Deformities. By DAVID BRAINARD, M. D., Prof. of Surg. in Rush Medical College. The object of this essay is stated to be

1st. To establish, by experiment, the principles upon which the treatment of ununited fractures should be conducted, and to show that these principles apply to the human subject.

2nd. To propose a new method of treatment of certain deformities which result from true ankylosis, union of fractures in an angular position, rachitic curvature, &c. The author does not pretend to have been the first to turn his attention to similar treatment; but he does claim "to have demonstrated the principles upon which it reposes, to have laid down the rules by which it should be performed and to have contrived an instrument by which it could be effected with safety and facility."

The author states, as the result of numerous experiments, that,

1. Foreign bodies, of every kind, placed or allowed to remain in contact with any part of a bone, in a manner to keep up suppuration, produce absorption of it, and have no tendency whatever to give rise to the production of callus. The use of setons, pegs, wires, and foreign bodies of every description, as a means of promoting the formation of callus, is a practice not founded on correct principles, and is often dangerous. The seton is more properly employed for the purpose of dividing a bone, or keeping up a false articulation, than for uniting it.

2. Sequestra and foreign bodies, imbedded in bone, may be brought to the surface when, by perforation or otherwise, instruments or ligatures can be so attached to them as to draw them permanently, with but a moderate degree of force, in that direction. As soon as they press against the living bone, they cause its absorption in the direction toward which they are drawn.

3. That power of absorption of bony tissue attributed to the periosteum and the medullary membrane, exists also in the substance of the bone itself, as is proved by the insertion of pegs into perforations of bone, absorption taking place around them, not only at the surfaces, but at all the intervening points.

The author next enquires as to "the effects of foreign bodies on the formation of callus," and concludes that "foreign bodies produce absorption of callus, when placed in contact with it," and medicinal solutions, placed in contact with bones, were found to produce similar effects.

Chapter five, treats of "wounds of bone and the circumstances in which they most readily give rise to callus, or to union without it." The views of the author, respecting the treatment of ununited fractures, are indicated in the following paragraph:

"The careful examination of a false joint, serves to show that something more than an irritation of the soft part is required to

form callus upon surfaces already incrustated with cartilage, and surrounded by ligamentous tissue.

The object to be desired in these cases is, as it appears to me, the production, by subcutaneous wound of fresh osseous surfaces opposite to and in contact with each other, with such division of the soft parts as will excite a moderate inflammation, without suppuration, around the false joint; and a wound of the bones, of considerable depth and size, capable of producing that vascularity and softening always noticed in fractured extremities of bones, before union takes place. These fresh surfaces, in some cases, require to be numerous, and equal in the aggregate to those produced by resection; and the operation by which they are made should be repeated from time to time. Hence, it must be an operation which does not expose to violent inflammation, or give great pain. It should, moreover, be one capable of being employed in connection with other methods, recognized as useful or necessary to preserve immobility.

For the accomplishment of these purposes, Prof. B. has invented an instrument for producing subcutaneous puncture of the fractured extremities, capable of penetrating the hardest bone or ivory in any direction, with facility. The method of using it is fully explained in the treatise, and illustrated with two useful engravings. To more fully elucidate the practice alluded to, seven cases are narrated, in which this method was successfully employed. Three of these occurred in the practice of Prof. Brainard, two are reported by Prof. Mussey, of Cincinnati, and two by Dr. Jewett, of New York State. Much credit is due the distinguished author of this *Prize Essay* for the ingenuity of his investigations, and the practical tact with which he has applied the principles upon which this beautiful practice is based.

Report on the Norwalk Disaster, with biographical sketches of those Members who lost their lives on that occasion. This brief and touching narrative calls up again the vivid emotions excited in the breast of every one, by that fearful and criminal wreck of human life. Of the forty-four persons suddenly killed, seven were eminent physicians of New England.

Remarks. By Dr. LINTON, on Bilious and Yellow Fevers, follow, and the volume concludes with Reports of Committee of Publication and of Treasurer, and a catalogue of Officers and permanent Members.

POSITIVE MEDICAL AGENTS; Being a Treatise on the New Alkaloids, Resinoids and Concentrated Preparations of Indigenous and Foreign Plants. Published, by Authority of the American Chemical Institute.

A late number of the *American Medical Gazette*, edited by Dr. Reese, of New York, contains a favorable notice of this book.

The object of the work seems to be to call the attention of physicians to some of those preparations, usually denominated the "active principles," of certain plants known to possess medicinal properties. Doubtless there are many valuable medicines belonging to the vegetable kingdom which would be more widely used, were it not for the bulk of the required doses and the uncertainty of their action. It is certainly a desideratum with every physician to obtain reliable remedies, as well as to be able to diminish the doses to a take-able size. These two objects are apparently accomplished in the use of the "active principles." The number of such preparations, already contained in the list of standard medicines, and published in our Dispensatory and the other works of *Materia Medica*, is considerable. This fact, the author of the book before us, notices and gives a brief account of some of the more prominent, though he devotes a great majority of his pages to the consideration of some which are of more recent discovery. Most of the remedies of which he treats, have been used to a greater or less extent in the crude state, by physicians. Abundance of testimony as to the value of these medicines may be found in various medical writings.

If those, whose virtues have been well attested, can, by aid of the pharmacist, be reduced to an uniform standard of strength and reliability, a great service will thus be rendered to our science.

We regret that the author does not give formulæ for preparing the different medicines of which he treats. We hope to see this deficiency supplied in a future edition.

The account of the medicinal effects of the substances considered, has been derived we are told, from experience and careful observation. The mode of using them, together with the manner in which they may be advantageously combined is described, and these two points are illustrated by reports of cases actually treated by these agents.

The entire work evinces the author's decided partiality for the "Positive Agents" of the vegetable portion of the *Materia Medica*; yet its tone is good, and the spirit in which it is written will commend its pages to every candid, unprejudiced mind.

The duty of the physician when called upon to treat disease, generally compels him to make use of the most positive remedial agents at his command; and of the native properties and effects of these, whether drawn from the mineral or vegetable kingdoms, he must be well informed. We know that many have conscientiously abandoned certain valuable vegetable remedies, simply because they could not be depended on for uniformity and strength of action.

The agents which are considered in the above treatise, are prepared and sold by B. Keith & Co., 582, Houston-st., New York, who "warrant them pure, in all cases."

WHAT TO OBSERVE AT THE BED-SIDE AND AFTER DEATH IN MEDICAL Cases. Published under the Authority of the London Society of Observation. Philadelphia: Blanchard & Lea, pp. 228.

We have sometimes thought that, if there be a prominent error in our Medical literature, it may be that of telling too much. Undoubtedly a superfluity of expression is an error. The age wreaks itself on language. It seems a dull condition, where nothing is left unsaid. We cannot endure to have everything explained, and illustrated and amplified, the passive physician being all the while a dull recipient of this inpouring. Here, however, is a work which is happily suggestive. With its closely compact and abbreviated fragments of sentences, it leaves much to be said and more to be thought of. No man who accustoms himself to the substantial comfort of doing his own thinking, can use this book without eminent advantage. While it leaves so much unsaid, it leaves nothing unsuggested. Taking up the several structures and organs of the system, it closely scrutinizes each with reference to its manifold phenomena of disease. We think our readers who read this book judiciously, cannot fail to derive signal benefit from it. It is convenient in size, and may be readily ordered of the Publishers, and received by mail.

THE MEDICAL COUNSELLOR, is the title of a new Medical Journal, published *weekly*, at Columbus, Ohio, and edited by R. Hills, M. D. This is the second Weekly Medical Journal published in this country, the other being the Boston Medical Journal; and neither of these is by any means *weakly*. The editor and proprietor must calculate upon a stupendous circulation to publish his journal so cheaply; and yet it seems cheap *only* in the matter of price. We hope the Counsellor may have a wide range of consultation practice, and we shall certainly be glad to exchange professional opinions with him.

MEDICAL OBITUARIES.

HENRY RODGERS, M. D., died recently, of typhoid fever, after a brief illness, at his residence, Newton, Jasper county, Iowa. It is less than a year, since the deceased was a faithful and zealous attendant upon the course of Lectures at the Iowa Medical Department, at the close of which he graduated with honor. We remember him well as a young man of unblemished character, and we knew him as an honorable and judicious physician. A large circle of friends mourn that so worthy a career should so soon be closed; they can ill spare the promise of so much usefulness. But, while we lament this, it is a mournful satisfaction that he has left the example of a worthy character, both as a man and a physician.

DR. GOLDING BIRD.—Died at Tunbridge Wells, on the 27th of October last, Golding Bird, M. D., F. R. S., aged thirty-nine years. For some months previous to his decease, his failing health had obliged him to relinquish all his professional duties. He had long suffered from an affection of the heart, but the immediate cause of his death arose from kidney disease. He has thus fallen a victim to a malady, the elucidation of which has rendered his name distinguished among the promoters of strict science in Medicine. We need hardly add, he was the well-known writer on *Urinary Deposits*, an admirable work, which opened an almost entirely new field for research to the physician, attained at once a brilliant success, and is still regarded as the highest authority upon the subject. A short time before his death he had an attack of hæmaturia which soon became associated with other and unerring evidence of renal calculus. This was followed by pyelitis, which proved fatal.

PROF. LALLEMAND.—Died recently, at Marseilles, M. Lallemand. He was formerly professor of Clinical Surgery at the University of Montpellier, but was particularly distinguished by his admirable writings on the *Diseases of the Encephalon*, on *Spermatorrhœa*, and last, though not least, his *Clinique Medico-Chirurgicale*.

DR. ROBERT SEMPLE.—Dr. Semple died at his residence, fourteen miles south of Colusa, California, on the 25th of October last, from injuries received by a fall from his horse. He was well known to many of the earlier residents of California, having emigrated from Kentucky, across the plains, in 1845. After having taken a prominent part in the Bear Flag revolution in that year, he located at Benecia. He was a delegate to the convention for the formation of a State Constitution, in August, 1849, and was unanimously chosen President of that body. He, in company with Walter Colton, established the first newspaper in California, at Monterey, in 1846.

GEORGE F. TURNER, M. D.—Died of yellow fever, at Corpus Christi, on the 17th of October, Dr. G. F. Turner, Surgeon of U. S. Army, aged 40 years. The deceased was a distinguished member of the Medical Corps of the U. S. Army. His contributions to medical literature were not numerous. In the first volume (*New Series*) of the *New York Journal of Medicine*, may be found an exceedingly interesting article from his pen, on *Epidemic Military Fever*, as observed at Fort Snelling, Upper Mississippi, in the winter of 1847-'48.

JOHN P. HIESTER, M. D.—Dr. Hiester died in Reading, Pa., on the 15th of September last, aged 51 years. He was born in Berks county, Pa., in 1803. In 1827 he graduated at the University of Pennsylvania, having presented a thesis "*On Indigestion*." He was a distinguished practitioner, a great lover of botany and chemistry. He was enthusiastically devoted to the great interests of the profession, and was lately President of the Pennsylvania State Medical Society.

SAMUEL PARKMAN, M. D.—Died in Boston, on the 15th of December, Dr. Samuel Parkman. He was a graduate of the Medical Department of Harvard University, in 1838, and for a number of years he was Demonstrator of Anatomy in that Institution. He was also, for some time, one of the surgeons of the Massachusetts General Hospital.

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NO. IV.

ORIGINAL COMMUNICATIONS.

PROFESSIONAL SELF-RELIANCE.

Extracts from a Recent Valedictory Address,

BY JOHN E. SANBORN, M. D.,

Prof. of Chemistry and Materia Medica in the Iowa Medical Department.

The hour possesses to you a more than ordinary interest. The dividing line between the glowing past and the radiant future, its crowding emotions are dedicated alike to memory and hope. If you turn to contemplate the scenes in which we have of late been fellow-laborers, you find the landscape colored with the mellow radiance of pleasing, and I trust, delightful associations; or, you gaze upon the future, and the sunshine of the past has already shed upon it, by reflection, something of its own brilliancy and beauty.

To moralize upon the sentiments appropriate to such a "parting of the ways" is one thing; to feel in *the heart* the throb of those sympathies, is quite another. Here, in the crowded assembly, we may fitly call to mind the emotions and contemplations of which the occasion is so richly suggestive; while it is left for your subsequent hours of calm meditation to linger upon the pleasing associations of the present, and for your future life of active usefulness to embody the practical suggestions, which the anxiety we feel may prompt us to utter.

It is, indeed, almost a presumption on my part, that I should essay to give suitable utterance on behalf of myself and my col-

leagues, to the earnest and vivid emotions, which, at such an hour, come unbidden to our hearts; and yet it is not unmeet that the occasion should have its interpreter.

As the departing son, passing forth from the scenes of his boyhood lingers upon the threshold, or wandering thence, turns again and again to gaze at the old homestead, as his retreating footsteps "Drag at each remove a lengthening chain," and finally, at the last bend of the road, pauses to take a long farewell of the paternal roof, so you may well pause, ere you quite cut loose from the pleasing associations of the past, before you set sail upon the broad sea of enticing, perhaps perilous activity. Allow me then to devote the hour allotted to us, to a brief consideration of one of the prominent errors to which the physician is strongly tempted, and into which many fall: a line of suggestion prompted and put forth, not with the assumed position of a teacher, but of an earnest and anxious counsellor and fellow laborer.

You remember well that stirring tragedy in which the great dramatist depicts so vividly the culminating eminence and downfall of Cæsar; you recall the scenes in which Brutus and Cassius hold sad counsel together, that the dark shadow of despotism seemed slowly creeping upon the dial of the republic, and both mourned that "The age was shamed, and Rome had lost the breed of noble bloods;" they mutually lament that Cæsar, "A man of such a feeble temper, should bestride the narrow world like a colossus." It was then, that Cassius, half chiding himself exclaims,

Men at some time are masters of their fate.

The fault, dear Brutus, is not in our stars

But in ourselves, that we are underlings.

So too, in that wonderful and harrowing delineation of the sad destiny of Othello, we find a similar utterance, from the pious lips of Iago, that inhuman master-piece of duplicity and villany—where he says :

" 'Tis in ourselves, that we are thus and thus."

I would commend the sentiment to you as one of primary importance, in mental growth and culture. It has respect to the tendency to a neglect, on the part of the physician of a determined and persistent self-reliance.

By self-reliance, I mean a disposition which trusts to one's own abilities and resources, rather than to those of others—that mental

courage which dares to encounter and grapple with obstacles, and does not, in the hour of necessity, shrink from the obvious duty; not the poor bravado that courts danger, and then perhaps finds itself worsted in the encounter, but the stern fortitude of spirit which does not shrink from the perils in its pathway, but summons up its own manly resources to the conflict; equally removed on the one hand from the rashness that imprudently dares, and on the other, from the timid cowardice that always quails.

The career of every individual, who has any ambition, above being a yielding material, to be moulded and shaped into any plastic form by the random touch of circumstance, who aspires to the building of an enduring character, who sees in the world around him materials, influences and associations of which he must be the master or the slave—the career of such an one partakes essentially of the nature of a conflict. Day and night, year in and year out, goes on the silent, but ceaseless strife. The solitary human heart is thrown into the arena of this world, for the sole purpose of working out its own destiny. The talents which are returned unimproved but bring disgrace, and not credit to him to whose use they have been confided.

In this conflict with the opposing influences, this warfare of every strenuous spirit, which lasts while life endures, and of which the victory can never be pronounced beyond reverse till death disarms the combatant, no element of success is so important as a thorough knowledge of one's own resources, out of which must spring every reasonable germ of self-reliance. To have a judicious confidence in one's condition, to rely fully upon one's resources, is but the result of an adequate knowledge of the capacity of those resources. A thorough self-knowledge then, is the only proper basis for a calm and manly self-reliance.

We need no encomiums upon the sublime beauty of self-reliance. In the very contemplation of it is its own best eulogy. The spirit that can meet with undaunted breast every legitimate conflict, that stands firm in the strength of its own well fortified nature and pure heart, that manfully relies upon the means God has provided, for the performance of the work, the duty God has pointed out, achieves the highest office of manhood, and deserves the loftiest benisons.

Our view of self-reliance involves, it necessitates the existence of judicious *self-culture*. It is of course based upon the possession of qualities worthy of reliance. Else, how shall we distinguish the thoughtful and commendable reliance or confidence that is founded upon a proper estimate of well-trained powers, from the heedless presumption or impertinent audacity that is born and nourished by ignorance? But, the noblest development of this virtue, though most prominent in the more brilliant display of splendid achievements, does not therefore perform there its highest offices, nor does it always in such illustrious examples, exhibit its truest worth. It is the rather in the even tenor of daily life, in the scrupulously conscientious performance of daily duties, often onerous, sometimes repugnant, that such a virtue shines with serenest and more uniform lustre. In precisely this line of duty consists one of the prominent excellencies of a good physician, and it is in the discharge of such duties, in the proper province of the medical man, that there is often a tendency to a neglect of a sound self-reliance.

In searching for the causes which may lead to such neglect, we may find perhaps a prominent one in the very necessities attending a medical education. The period of three years must be spent in preparatory medical study; during all this season, the student is constantly employed in collecting and treasuring up medical facts and medical principles, which he must take upon the authority of others, either authors, or his living teachers. Some of these facts he may be able to verify by actual demonstration, such as the mechanical departments of anatomy, and to some extent of chemistry. But, most of his information is on the strength of the assertion of others. His facts are, and must be, for a season, taken entirely on trust—at least, until he can verify them by subsequent experience and observation. This is necessary from the very nature of the case, and can in no way be avoided. It is a necessity which applies to medical science much more largely than to law or theology; for in these studies the investigation refers chiefly to the application of *principles*, and not to the reception and application of *facts*; principles, which, if true, recommend themselves at once to the common sense of the very learner, and he is therefore never compelled to follow blindly the authority of any teacher and of course never should. Nor should the student of our own profes-

sion, after he has once obtained that range of view, which will enable him to comprehend a wider relation of influences and to "Judge of his own self what is right." It is plain, however, from your own experience and from the very necessities of the case, that elementary instruction in medical science can be obtained only by a temporary trust in the absolute authority of others.

Now, it is plain that this temporary exigency of a season, should as much as possible, be thrown far from us, when the period for its employment has once passed. But, the danger is, that this temporary necessity may become in the time a permanent despotism of habit. Have a care, young gentlemen, lest the thread with which you at first guide your unwonted feet in the new pathway, shall become by your own submissive consent, a shackle of steel, chaining you to the dull and narrow routine of your earliest footsteps. That is indeed a sad history, in which it is evident that the voluntary attitude for a brief season, becomes the cramping torture of a life time.

Let us be understood; not that you are to avoid reliance upon authorities at any period of your professional pupillage; your progress will be largely indebted to your familiarity with the testimony of others, not only during the term of study, so called, and earlier practice, but during the whole period of life-long tuition. No sane man would wish or hope to cut loose from all the accumulated wisdom of the past. You must by no means neglect so valuable a storehouse of truth and of recorded facts. But—and to this point I would solicit your attention—it depends upon you to say what use you will make of this repository of science. Whether you shall be the tame and indiscriminating recipients of the authority of others, adopting now light, and now darkness, taking in at one time intellectual nourishment, at another, poison, or whether by the noble exercise of a God-bestowed endowment, you shall select and reject; hesitate, consider, and decide.

The avocation of a physician is one which of all others, imperatively demands the exercise of independence of thought. The life of a medical man exhibits an ever changing panorama of shifting forms of disease. Scenes are ever passing before him, similar in their elements, like the wide range of external nature; but, as in natural scenery no two are ever found alike. In such a view of the

case, how poor is the sanction or tolerance, for an ignorant routine practice! On the contrary, what a challenge does nature fling out, for the exercise of the best faculties, by every one who may dare to interpret or assist her. The demand for medical assistance is constantly occurring in cases where the physician's guide should be judgment, not memory; a careful deliberate decision as to what the case in question demands, *not* a blind following of *any* precedent, similar perhaps only in *some* of its outward manifestations. I know full well the strength of the temptation to follow seeming precedents; to adopt an unthinking and routine practice, and I know too that temptations are to be resisted. Let the records of the past, and the memory of your own experience lead to that highest exercise of manly intelligence, the deduction of broad general principles, to an extensive generalization, and let the principles thus deduced, be faithfully applied to the case under consideration. This can be the only true chart, to guide you over the shifting currents and changing quicksands of your arduous voyage. It is evident then how vitally important is such an independence of thought, as must be developed by a rigid self-reliance. While it is indispensable in the daily duties of the physician; it is often called out into still bolder relief and exercise in some instances of sudden and perilous emergencies, when the destiny of not one life only, but of a beloved family circle, perhaps of a still wider range, all seem to hang upon the movements of one individual, and that too in a mere fragment of time. Upon his self-possession and self-reliance depend the interests, the most sacred sympathies of his fellow beings. Such exigencies occur too, not only suddenly, but in some hour and place of loneliness, where the aid and counsel of others cannot be obtained. If you then have within you a mine, from which to draw the treasures of practical knowledge and available principles, it will be an easy task, indeed, a pleasure to make and witness the successful application of well-founded principles. But, upon any other course, how full of shame and disaster must be such an encounter.

We have contemplated the nature and necessity of self-relying independence of thought. The benefits of such individual training are obvious. It is the benefit which we derive from culture of the soil; the advantage gained from working the mine of hidden ore.

It brings forth the latent wealth of the mind—it develops the intellectual resources, which, but for culture, would have remained unknown and useless.

The benefit indicated is the benefit of athletic muscular action, that develops the brawny arm, the symmetrical frame and the sinewy limbs of mature vigor. It asserts the supremacy of true conviction, the result of individual investigation, over blindly trusting to the guidance of others. He only may be said to *know* a fact in science, or to be thoroughly convinced of the truth of a given principle, who has brought to the question the critical test of his own powers of scrutiny, who has gone through the processes of doubt, investigation and conviction. The only true solidity of mental character, which gives weight to professional opinion, is that derived from individual critical examination. The physician who maintains a given opinion because some great teacher so affirms, is at best but a poor pawnbroker of other mens' theories; unable to give a reason for the faith that is in him, he is and must be as unstable as the wind. With no deep foundation to his own intellectual character, how can such an one be a reliable guide to others; how dare he apply upon others those principles which he has not brought to the test of his own critical judgment?

True, you will find it easier in a short sighted and a mechanical point of view, to have others think for you, than to think yourselves; to believe, than to know. But the solemn question of a life time is one of duty, not ease; your mission on this round globe is the development of vital principles, not a dull search for mere enjoyment.

The process enforced is, in itself the very essence of self-culture, the only true basis of vigorous self-reliance, and it is for this especially, that I commend the virtue in question. The act of faithfully analyzing the opinions of others, that we may separate the true from the false, is the very process by which to gain vigor of mind, and enforce maturity of judgment; the very means with which to conduct such analysis to a safe and just issue. Without self-culture, self-reliance is but a vain pretence; and a conviction of the *need* of independence of thought, an abiding sense that it is in ourselves and not in others that we are thus and thus, is the first step towards the possession of its highest elements. But, we

are warned that such promotion of the individual judgment, such implicit reliance upon our own solitary reason, is but sowing in our hearts, the seeds of professional vanity; that over estimating ourselves, we become inflated with the most airy conceit. But, he who comes in daily conflict with contradictory views, and marshals the powers of his own thought to the encounter, will hardly over estimate the abilities with which he thus becomes so practically and frequently familiar. He who has so often been put to the test of severe and perhaps unsuccessful labor, must in time learn so much that is unsatisfactory, respecting his qualifications, that he can hardly be flattered by the brilliancy of his success. Besides, and chiefly, the effect of the rigid mental development acquired, by a careful and systematic training of one's powers, is such as to lead to a profound sense of humility and modesty. He who surveys himself alone, and that superficially, may perhaps be pleased to contemplate the extent of his attainments. But, he who takes a wider range and goes beyond his own self, sees more truly how much yet remains unaccomplished.

A human being, confined within the narrow cavern of his own ignorance, sees himself indeed, as the principal object; but, open his eyes and place him upon the mountain tops of science, and the contrast makes his insignificance almost contemptible.

I may add, as another circumstance, indicating the need of this principle, that a discriminating reliance on one's own powers of thought and investigation, such as I have endeavored to illustrate, is the only satisfactory method by which one can keep distinct, within his own mind, the domains of truth and error. How will you be able to learn, and above all to convince yourselves of the right and the wrong, unless you are your own counsellors; unless you are familiar with the evidence of both sides of the argument, and can satisfy yourselves of the justness of the decision? If you rely on the authority of others, that mere authority, whether right or wrong, does not or *should* not satisfy you. You are not nourished, your intellectual system is not strengthened, by the food that supports him. The course of reasoning that may satisfy his nature, may be not at all adapted or adequate to yours. You are to work out, by hard and toilsome effort, your *intellectual* subsistence, as clearly and certainly as you are to maintain your physical support.

That mind must be brought to a serious fear of alarming destitution, that is willing to beg, from volume to volume, the daily food of its mental nourishment; and, I may add, that is content to receive, with the passive hand of charity, whatever medical theories or professional dogmas, others may choose to impose upon it.

It is a fortunate circumstance that in this effort of the individual mind to learn the truth, it need not put itself to the constant torture or anxiety of original experiment, except in fields absolutely new. Happily, the observation which is afforded us of the experience of others, may amply suffice our need; and well is it for any one who can successfully substitute for his own experience, bitter and stumbling, an appreciating knowledge of the experience of others.

But, while we take as our own, and profit by the experience, the researches, the facts of others, let us be careful how we adopt and sanction the opinions which others may deduce from those facts. These are to be rigidly put to the test. If false, to be of course discarded; and even if true, to be doubted till proved true.

It is largely true, as was said by Aristotle, that "incredulity is the source of wisdom." There is hope of him who doubts. He will in good time be one of those who can "give a reason." It cannot be too strongly impressed upon you, that in the world of art and science, scepticism is no crime. It is the fulcrum upon which the lever of reason can almost move the world. By doubt, you investigate, explore, discover and prove. By blind contented credulity, you put out the lights of science, enclose the world in darkness, blind our eyes, and cloud our footsteps.

It cannot be necessary that I should define the province and limitations of doubt; indispensable as a means, fatal as an end; a most useful and healthful avenue, but a pestiferous abode. However desirable may be the mental activity it involves, better by far to limp along depending on external aid, than to petrify in the stagnation of eternal inertia, or to chafe away one's existence in the unending circle of indecision. It is well said,

'Tis a base

Abandonment of reason, to resign

Our right of thought.

But, may it not be an error to regard it as merely a right? I

would that you esteem it the rather a duty; a duty, the neglect of which, involves a recreancy to every other trust.

That is indeed a mournful bankruptcy in which the poor delinquent delivers over, to any individual, or to any class, the quit-claim to his own dominion of thought, to the wide range and roam of his unchained reason. It is a transfer common enough, and yet one not generally, clearly and distinctly set forth; no fixed time is usually assigned when the change of ownership takes place, and it is often not easy to say when the contract is fully closed, or what are the precise terms. And yet, how many do as effectually abstain from all independence of thought, as if the legal documents of a transfer had been fully made out, and duly recorded; the very subjects of such despotism not suspecting the bondage, and for this very insidiousness is the danger the more fearful, the more to be guarded against.

I have thus endeavored to illustrate and enforce the necessity and the benefits of an earnest culture of the powers within; such culture as shall enable these powers to be a true and reliable guide to your conduct, and especially to your professional course, in all the intricate paths of your future life; such a course is, as we have seen, the only true basis of real independence of character. Amid the whirlwind of conflicting sentiments and opposing theories, he only stands upon a reliable basis, whose feet are planted on the solid rock of his own judgment.

Let me urge upon you then, while you draw freely from the printed volume, and the living speaker, while you study the changing phenomena around you, and ask the ever-varying phases of disease what is the burden of their searching, while you neglect no source of information, let me urge you to combine, classify, and analyse these several and perhaps contradictory testimonies, and bring all to the test of your own judgment. Let all things instruct you, but let none be your master. Let the humblest of men be your authority for abstract facts, if need be, but suffer not the most elevated to be your authority in opinion. Vindicate thus your manhood, by the exercise of the rights and duties of manhood.

Though your judgment may not be at first, the best in the world, yet it may be, or should be, the best in the world for you. Disown it, if you will, or neglect it by reason of timidity, or indifference,

and you erase from your nature the stamp of the Deity ; you commit suicide upon your noblest attribute. But trust in it, nourish, use and strengthen it, and it will faithfully reward your confidence. Though possibly it may not at first perform, with the fullest satisfaction its several duties, yet the very exercise in question will give it a strength and solidity you had never dreamed of. You thus nourish, in your earlier years those elements of your nature, that, in mature and advanced life, shall be your best supporter, comforter, and protector.

* * * * *

Gentlemen :—This evening are sundered the cords that have bound you to the associations of a season. Four months have been devoted by us, to the assiduous duties of the lecture-room. Day after day, and week after week, we have exchanged the salutations of kindness, and engaged in the ennobling pursuits that have absorbed the attention of us all. Through the months that are passed, you have been endeavoring to lay up a storehouse of facts and of principles, that shall help to guide your future steps. But, now, the scenes are changed. You, who have of late been pupils, are such no longer ; you go forth, a little band, to instruct and influence, silently it may be, but yet to instruct, the several communities in which you may move. For the noiseless eloquence of your deeds, and the silent utterance of your actions, shall ceaselessly speak of you. This night, ere you cross the threshold of the future, let your wise resolves and your steady purpose of right, give to this language of a life-time such tones of harmony and approval, as shall bring joy to many a human heart, and make your pathway vocal with melody.

In your counsels with your own hearts, and in your actions in the outer world, dare to maintain and manifest those principles of right and duty, which have their throne in the heart of every man.

Dare to do all, that doth become a man,

Remembering that he “who dares do more, is none.” Have the courage, for it often needs the truest courage, to be loyal to your own convictions of honor.

To thine own self be true ;

And it must follow, as the night the day,

Thou canst not then be false to any man.

It is the moral of the hour, that your destiny lies almost exclu-

sively in your own hands ; this fact, which to a weak and timid spirit, is a fearful incumbrance, a barrier to its progress, let it be to you but the stimulus in which the valiant soul rejoices. With you is to be alike the achievement of conquest, and with you, if so it must be, the name of inglorious disaster ; with you, it is to say whether the medical education thus far shall be regarded as final, or rather as the foundation stones and scaffolding, by aid of which you will erect, slowly and securely, the structure of a complete and useful professional life.

A PROFESSIONAL LETTER, WITH REPORT OF A CASE.

BY EPSOM SAULTZ, JR., M. D.

MESSRS. EDITORS : I cannot better respond to your flattering invitation to contribute to your, to me invaluable Journal, than by giving you a running outline of a case which I had under my care for more than two years, and which has presented some points that to me seemed interesting. I have only to premise that this is my first medical article, and that with you at least, I trust my inexperience will be a sufficient excuse for any want of accuracy in description.

Mr. J. M. C., a retired sea-captain, was of about 65 years of age, of plethoric habit, who had, from early boyhood, been accustomed to the generous diet and stimulating drinks of wealthy sea-captains, and had always enjoyed robust vigorous health. Three years ago, when I moved to this city, I heard remarkable accounts of the wonderful and incomprehensible paroxysms to which Capt. C. was subject, twice or three times every week. Being a young Dr., these accounts of course interested me ; but I could learn no facts which gave my professional curiosity any clue to the real nature of the case. He was then under the care, as they charitably called it, of a distinguished Homœopathic Dr., whose diagnosis of disease, as the sequel will show, was generally as mysterious as his treatment. After a year's residence here, during which time I served the usual apprenticeship of all young Drs., and was judiciously held in probation by the discriminating public, I began to earn for myself a title to respectability and confidence, and was gradually allowed to enter some of the fami-

lies of the wealthy, with that gracious condescension for which I trust I shall ever be truly grateful.

In respect to Capt. C., it seems that two or three years had already been spent amid frequent paroxysms, and the white sugar treatment not having produced, in all this time the desired result, the family were so heretic as to look about for other assistance. Accordingly, late one night, when the suffering man was in one of his attacks, I was graciously sent for; more, as I was at the time informed, for the privilege of witnessing a medical curiosity, than with the hope that anything could be done to relieve him; for his rejected saccharine adviser had of course told him that if *he* could not assist him, nobody could.

As I entered, the phenomena presented were prominent enough. Supported in his chair sat the sufferer; his face of a fearful turgidity, and about the color of dark mahogany; unable to speak, except in fragmentary words, from the incessant rattling, choking coughing expectoration; respiration fearfully hurried and gasping; each effort at inspiration seemingly unsuccessful and apparently the last; expectoration profuse, almost constant, and amounting, at the close of the attack, to half a large wash-bowl full; the fluid expectorated of precisely the color of very red urine, or of port wine, covered with a very tenacious foam. The pulse was very full and hard; a drenching perspiration or rather transpiration covered the upper portion of the body; and the sufferer was indulging in such vivid exclamations for aid as imported an intense sense of suffocation. All these phenomena presented themselves to the eye. On approaching the patient, I could hear at some little distance the rattling bronchial and pulmonary crepitus; and auscultation revealed such astounding crepitus, as I have never heard, before or since. I may add, that the duration of each attack, was about one hour in its greatest severity.

After a protracted and silent examination on my part, the first words uttered by the intelligent wife, were an enquiry as to the correct name and a reasonable explanation of the mysterious disease. In such a case, I felt warranted in going into a clear but simple explanation of the case. Your friend, Epsom Saultz, then proceeded to state, that the disease was plainly enough what is properly called Humoral Asthma, whereupon he was suddenly enlightened by the illuminat-

ing intelligence that his pellet predecessor had baptised the disease nothing less, than—Rheumatism of the Stomach! Put a pin there, on homœopathic intelligence.

But to proceed: The patient was entrusted to my efforts, in the hope of a recovery, or at least, of some relief. He had been suffering thus for some two years, and the continuance of the attacks had worn sadly upon his health, and he was compelled to sleep in his chair at night, from the effect of the recumbent posture in inducing the paroxysms. Around this prominent disease, or symptom, asthma, there centered a variety of other affections; indigestion, with alternate constipation and diarrhœa; excessive tympanites; neuralgia; wandering rheumatic pains; dysuria, with symptoms of renal affection; and some suspicion of an affection of the heart.

Being young and sanguine, I confess I was not unwilling to take hold of this case, firmly impressed as I was with the conviction that something *ought* to be done, and might be, rather than with the vanity that I was just the doctor to do it. Of course, the prominent object which I at first set myself to accomplish, was to put a stop, if safely possible, to these fearful paroxysms, which had already seriously impaired his health and vigor, and seemed likely if allowed to continue, to prove indirectly fatal. But how was this object to be accomplished? Here was a field entirely new to me. I asked myself a thousand questions as to the pathological phenomena concerned in the production of the disease, but the obscurity of the cause baffled all my efforts, at satisfactory conclusions. Could the affection date from any lurking inflammatory tendency, or was the tide-like congestion which surged into the lungs at the attacks, due to any excess of the circulating fluid? If either of these, bleeding might be of service; so I tried it; but it did no good. So I was constrained to take another track.

Was it possible that the accumulation in the lungs, constituting a paroxysm, was due to any irritation, which lit up the train of morbid phenomena? If so, sedative treatment of various kinds, and variously employed, might promote my object. I employed them, but the dreaded paroxysms still kept their course.

Perhaps, I said to myself, there may after all be some benefit derived from the employment of anti-spasmodics, for who knows

but there may be a purely nervous cause at the bottom of all this trouble? So stramonium was smoked and the round of appropriate treatment was again employed, but the attacks still recurred.

But again, I said, I have not employed any counter irritants, so I will blister; and his feet I find are always cold before an attack; I will attend to that, also, with fomentations. But again and again I was baffled.

I remember well, at this period of the treatment, after I had been chagrined by the trials of some weeks, and my incipient ardor had quite evaporated, that I spent nearly a whole night in thinking and studying over this case, resolved if possible, to come to some more satisfactory conclusion. I had been summoned to his chamber in the evening, and had been a busy, but painfully useless attendant, upon his intense sufferings, and I was stung by my obvious want of success.

A man, I said finally, who loses three or four quarts of bloody serum every week, by this bronchial transudation, must, from that fact alone, demand some constitutional treatment; now I have it, I thought; some form of alteratives and tonics will certainly do it. The next morning I prepared one of the most elaborate combinations of the kind, ever put together; and if the prayers of an anxious doctor do any good, my patient should have been cured by that mixture. But—he was n't.

At length, I made a desperate effort to divest myself of every memory and prejudice in the case; to go back again to the beginning, as if it were a new case and start *de novo*. I analyzed once more, the phenomena concerned in the production of the paroxysms, I criticised every symptom that transpired within half an hour before an attack; I studied all the manifestations of the invasion, to learn if possible what was the subtle cause, and just where and how I should strike the chain of morbid influences that induced an attack, so as to cut it short.

The patient, though even at this time robust and even plethoric, had yet, to my mind, some evidences of constitutional debility, and I could half trace a development of this, in the morbid pathway to an attack. Perhaps this was due to the continued action of the collateral affections, above enumerated; but I had, as far as possible, obviated these and thereby removed every possible ob-

stacle to recovery ; but without success. But, possibly this local debility, which may be an indirect cause or occasion of an attack of his asthma, and which may be the particular link in the chain, at which I should strike, possibly it may be primary, as far as I am concerned, and that my efforts should therefore be directed especially to that. I thought, on this view of it, that I could discover some evidences of what I may call a local nervous debility, but just in what shape I could not decide. Might there not be a want of tonicity in the peripheral portion of the nervous structure that supplied the pulmonary vesicles ; or, more generally, a partial paralysis of the great sympathetic ? I will act on this not unreasonable presumption. My best course I thought would be the administration of some powerful stimulant, in decided and repeated doses, at the earliest moment of warning of a coming paroxysm ; by this means I hoped I might rouse the flagging nervous system to a sense of its duty, brace up and fortify the yielding pulmonary system against the threatened serous invasion, and thus enable my patient to stave off an attack. I had heretofore attempted to relieve the patient before an attack, of a flatulent accumulation, which always escaped in eructations afterwards, as the crisis subsided, and very much to his relief. I would combine both these designs. I therefore, with a trembling hand, but a hopeful heart, made the following combination :

R Æther Sulph.
 Tinct. Assafoet.
 Aq. Ment. Pip.

Each, equal parts. I lost no time in conveying my new instructions to the patient, with directions to take a table-spoonful of the above at the earliest possible warning of an approaching attack, and a tea-spoonful every five minutes after, till he had either come off victorious, or till he should find it too late to hope for success. He could generally predict an attack from twenty minutes to half an hour, before it fairly invaded him. In two or three days he had an opportunity for its use. It succeeded ! When he felt the approach, he summoned his bottle, and poured down the suffocating fluid with a hearty good will, and the first dose gave him assurance of its good effects ; it warmed his stomach ; it promoted immediate eructation of flatus ; it loosed, he said, all those in-

ward bands and cords which prevented his breathing ; it produced a sense of glowing warmth and freedom quite delightful. A second dose seemed, according to his description, to open his lungs, and to free him from all restraint. Three or four doses effectually staved off the dreaded invasion, and when I arrived, I found him in jolly humor, delighted at my discovery, with a full good pulse, equable circulation and absence of pulmonary congestion.

To shorten my already too long letter, I will only add that, for nearly two years afterwards, he defended himself from numberless invasions, by this means ; and what was better, he found that the use of it, say twice a week for a month or two, to drive off threatened attacks, so modified his system, that for some months after, he had no symptoms of an invasion. At times, I modified the medicine, by substituting Aqua Ammonia for the Ether, and by some other changes ; but I generally found my first hit was the best.

The patient survived some two years after we first succeeded in driving off his paroxysms of asthma, and with almost entire exemption from that difficulty. He improved so much as to take a journey to Europe, where he spent a summer on the continent ; his bottle of friendly aid always being a faithful pocket companion ; and never till the day of his death would he stir without it.

He finally died, from a combination of other and complicated affections, which I have not now room to enumerate. In the later stages of his illness we had so great a variety of morbid conditions to combat, that the old asthma was quite lost sight of. The treatment of this case through all its varying phases, for nearly three years, forcibly impressed me with the fact that the judicious physician must often change the land marks of his treatment, and start all over again, so to speak, upon a new and fresh course. In a chronic case, the present trouble may be asthma, next spring rheumatism, next fall bronchitis, and another year a still fresh form of the same fundamental cause of disease.

An autopsy revealed, as we had expected, Bright's kidney, the result undoubtedly of forty or fifty years of "moderate drinking," and also disease of the mitral valves, the consequence probably of those sweeping tides that were wont to come rushing and crowding into his lungs.

OHIO, March, 1855.

ILLUSTRATIONS OF VICARIOUS DISEASED ACTION.

BY FREEMAN KNOWLES, M. D.,

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It is among the important duties which every practitioner of medicine owes to the profession, to contribute all important facts and suggestions that may fall under his own observation. It is only by such a course that the profession can make that progress in the procuration of facts and the developmeunt of principles, which is to guide us in our daily conflicts with the protean forms of disease that afflict our race. When we reflect upon the constant mutations that the diseases of our own State and locality are undergoing, and the complicated character too often met with, in what were formerly our most simple forms of disease, it becomes perfectly apparent that the only course which duty and professional success point out, lies in investigation and scrutiny; and that too with unremitting diligence and fidelity, each reporting for the good of all, every important fact connected with new forms of disease, as well as any interesting departure from those of common occurrence.

There are no classes of disease more perplexing to the young practitioner than those which depend upon some remote cause, acting upon vicarious principles. In such cases the function of one organ becomes deranged, in its efforts to perform that of another; and this state of things may continue for months, baffling every form of treatment adopted, so long as the treatment is directed to the consequence of disease, and not to the cause itself. To illustrate the foregoing position, we give a few cases:

CASE I.—Mrs. E——, Nervo-sanguine temperament, had been confined with her first child some four months previous to my being called to see her; found upon enquiry that she was troubled with chronic diarrhoea; tongue flabby, with small yellow blisters about the lips and edges; a brown fur along the centre; evacuations liquid; ten or twelve in the twenty-four hours; color of dejections, dirty white, exhibiting the appearance of yeast in a state of fermentation; had been under the care of two practitioners for about two months. She had taken various prescriptions for nursing sore mouth, as chlorate of potassa, nitrate of silver, sulphate of

iron, &c. I was led from the appearance of skin and color of dejections, to believe that the source of the difficulty existed in the liver. Accordingly, upon examination, I found the right hypochondrium enlarged and extremely tender to the touch; pulse small, 85 beats per minute; respiration 19. Prescribed as follows:

R	Hydrarg. Protochlor.	fifteen grains.	
	Cretæ Preparat.	twenty-five grains.	
	Pulv. Opii.	five grains.	M.

Make into five powders. One powder every three hours; blister 4 by 7 inches over region of liver. Saw patient next morning; had had three excretions from the bowels, dark and moderately consistent; blister had done well; mouth much better. Prescribed turpentine emulsion every three hours, with pill every night and morning, composed as follows:

R	Ext. Taraxacum.
	Ext. Gentian.
	Rad. Sanguinaria, each equal parts.
	Opium, half grain, to each pill.

Treatment continued 4 days, at which time, tongue was well; pulse 72; respiration 18; three healthy alvine evacuations in 24 hours. At this time, ordered the emulsion three times per day, with a pill only at night; patient rapidly recovered.

CASE II.—Was called to see Mrs. D——, aged about 30, sanguine bilious temperament; had been laboring under chronic diarrhoea for eleven months; had been under the care of several physicians, taken various prescriptions; had been twice ptyalised without benefit; much emaciated; tongue pale and flabby; pulse feeble; skin cool. Upon enquiring, found that she had labored under deficient catamenial secretion since sometime before the occurrence of her diarrhoea; appetite variable. In this case, the functions of the liver and stomach seemed to be correctly, though feebly performed, while the increased peristaltic action of the bowels carried off their contents too rapidly for the due performance of the lacteal function, and hence the emaciation. Prescribed in this case

R	Sulphate of Iron
	Gum Myrrh
	Rad. Sanguinaria, each, half a drachm.
	Powdered Opium, fifteen grains.

Mix, and make into thirty pills. One pill to be given every morning, noon, and night, for ten days, after which, patient had a full healthy catamenial secretion, from which time, she rapidly recovered.

In the above case, we find the patient relieved, as soon as the catamenial function is restored, although the affection had resisted every species of treatment directed to the diseased condition of the bowels. So of the former case, when the function of the liver was restored, the aphthous condition of the mouth, as well as the abnormal alvine evacuations, subsided, proving conclusively, that the diarrhoea was a consequence or symptom of another deranged function.

CASE III.—Was called to Mrs. G——. She had been confined some two months previously; convalesced rapidly after confinement. About six weeks after her delivery, she was attacked with diarrhoea, ushered in with a chill, after which no rigors appeared. Two weeks after the attack, I was called to prescribe for her; found the patient with skin cool; pulse 90; tongue covered with brown fur; no tenderness over the abdomen, or the right or left hypochondrium; evacuations dirty brown; urine natural, as to quantity and quality; secretion from the breasts nearly suspended. Prescribed as follows:

R	Hydrar. Cum Creta,	one drachm.
	Pulv. Doveri	half a drachm.
	“ Camphor	“ “
	Cretæ prepar.	one “

Mix, and make into ten powders, one to be taken every three hours, until the evacuations were suspended. Called next evening; little or no change. Prescribed,

Acetat. Plumbi.	half drachm.	
Pulv. Opii.	ten grains.	
Creta prepar.	twenty-five grains.	M.

Make six powders, one to be given every four hours. Saw patient next day; little or no amendment. Prescribed emulsions of the terebinthinates, astringents, mercury to ptyalism, all to no permanent purpose, for nearly two months. One day, I discovered that the patient had slight yawning every morning and evening, although followed by no reaction. Prescribed Sulph. Quinine,

half drachm; Dover, twenty grains; divided into six powders; give one every two hours; next morning the patient had a severe paroxysm of ague, and from that time, every vestige of the disease disappeared and the patient rapidly recovered.

This case fully illustrates some of the peculiarities of our western diseases. Here was a case of diarrhoea resisting all the remedies usually given in that disease and yielding readily to the quinine, proving, in the first place, the miasmatic origin of the disease, and secondly, how very obscure are some miasmatic affections of our climate.

How carefully, then, ought the practitioner in paludal districts, to watch this subtle element which enters so largely into all the different forms of disease in such localities. It matters not what is its form, whether pneumonia, peritonitis, typhoid fever, or any other inflammatory affection, this influence is always present, complicating both the symptomatic phenomena, as well as the treatment. Hence the importance of studying carefully the complication, and the diagnostic signs that warrant the use of quinine in inflammatory affections.

EXCISION OF A BAR OF LEAD FROM THE STOMACH—RECOVERY.

BY JOHN BELL, M. D., WAPELLO, IOWA.

On Christmas day, I was summoned to see Mr. L. W. Bates, who, it was said, while performing a favorite feat of running a bar of lead down his throat, had accidentally let it slip, so that it had descended into his stomach; but before I left my office, he came in followed by a crowd. I asked him if he had swallowed a bar of lead. He said he had; and that it was nothing wonderful for him to do, as he had swallowed three or four bars at previous times; this was said in a half waggish manner, and being to all appearance partially intoxicated, and having withal, the reputation of being an expert at juggling and sleight of hand, I supposed it to be one of his tricks, and this opinion was strengthened from the fact that he seemed to be suffering no inconvenience. I came therefore to the conclusion, from the evidence before me, that it was a hoax, but to satisfy myself further, I passed a sound

down the œsophagus, but could not discover anything. A few minutes afterwards, Dr. Cleaver and myself, after a brief consultation, concluded to introduce the sound again; we did so, but with no better evidences of the presence of lead than before. We told him to go about his usual employments, and should it trouble him, to send for us. The next day, he went to work and continued at work for three or four days, when, becoming unwell, he went home some six miles from this place, and sent for Dr. Robertson, of Columbus City. On Monday, Jan. 8th, Dr. Robertson requested the physicians of this place to meet him forthwith at the residence of the patient. Dr. Taylor and myself, Dr. Cleaves being absent, answered the summons promptly. Drs. Robertson, Neal, Cleaves, Graham, and Crawford had arrived before us. The patient was closely examined and there was found no perceptible external evidence of the presence of any foreign body in the stomach; the patient was comfortable, up and about, and seemed as well as any of us, if we except some paleness which might have been produced by the regimen enjoined. After considerable conference, it was deemed best not to operate at that time; instructions were given, to keep the patient on a low diet, and open the bowels by a saline laxative, and should any untoward circumstances or symptoms supervene, to notify the physicians at once.

Tuesday, P. M.—Summoned to see Bates immediately. Went, in company with Dr. Taylor; Dr. Robertson soon arrived. Found the patient suffering with considerable gastralgia and abdominal soreness, there had been considerable retching and vomiting of a dark watery fluid; pulse small and tense; great anxiety, restlessness, prostration, and apparent sinking of the vital powers. The bowels had not moved, very sensitive to pressure over the left iliac and inguinal region. A consultation was held by the physicians present. It was agreed that a bar of lead had been swallowed and it was also the common opinion that an operation was advisable for its removal; but as night was approaching, it was thought best to defer the operation until the following morning. Sulph. Morph. $\frac{1}{4}$ gr. as occasion required, to keep him quiet through the night, and fomentations to the bowels.

Wednesday, Jan. 3d—Present, Drs. Robertson, Cleaves, Graham, Taylor and myself. The patient seemed much as on the

night previous, great prostration and faintness on attempting to rise.

The patient having been properly placed and secured, chloroform was administered. It produced at first, some nausea and the patient threw up a quantity of black foetid watery fluid. As soon as insensibility ensued, I made an incision from the point of the second false rib on the left side, to the umbilicus, dividing the skin and cellular membrane, thence through the abdominal muscles, to the peritoneum; made a minute opening at the lower end of the section, through the peritoneum, passed in the director, and with a probe-pointed bistoury, divided it, through the entire length of the incision. The division of the peritoneum produced a spasmodic contraction of the abdominal muscles, and a large quantity of the omentum and bowels were ejected from the orifice; these I replaced as speedily as possible, and at once passed my hand inward and upward through the incision, grasped the stomach and immediately discovered the lead and its position. It lay in a direction from right to left, the upper end resting against the walls of the stomach to the right of the cardiac orifice; the lower end in the greater curvature of the stomach, to the left of and below the pylorus. As it was impracticable to reach the upper end, I seized the bar between my thumb and middle finger, and with the forefinger on the lower end of it, I retracted it upward and backward, for the purpose of making the incision in the stomach as high up as possible. I then passed a scalpel in, along the side of the forefinger as a guide, and divided the coats of the stomach immediately at the end of the bar, making the incision parallel with the muscular fibres, and not larger than to admit of the removal of the lead. I then introduced a pair of long forceps, seized and drew out the lead. The external orifice was closed with the ordinary interrupted suture, and adhesive strips; a compress was applied, and a roller around the body.

The time of operating was twenty minutes; considerable delay was occasioned by the protrusion of the contents of the abdomen, which had to be replaced before the operation could proceed. As soon as the effects of the chloroform passed off, $\frac{1}{4}$ gr. Sulph. Morph. was administered, and the patient left in charge of a judicious medical attendant. The following are the notes of the subsequent treatment of the case:

Wednesday, Jan 9th—During the evening after the operation, the patient was somewhat restless ; gave minute portions of Sulph. Morph., which procured intervals of sleep ; pulse 85, soft and compressible. Nine o'clock, p. m. became restless ; nausea and sinking of the pulse. Melanotic regurgitation. Sulph. Morph. $\frac{1}{4}$ gr. ; pulse raised ; became full and tense. At this time the salts taken on Tuesday, commenced operating ; had seven operations ; pulse softened and he dropped into a quiet and refreshing slumber. The patient was kept lying on his back. Twelve, p. m., had a violent attack of vomiting, and threw up about three pints, of a dark greenish fluid, mixed with grumous blood ; complains of pain in the stomach and bowels ; gave Sulph. Morph. $\frac{1}{4}$ gr., became quiet and slept at intervals until daylight ; iced elm water as drink.

Thursday, 10 A. M.—Patient quiet ; pulse 85, and moderately full ; some thirst, and fever ; complains of pain in the stomach and bowels ; says he feels a sensation as though water was dropping in his stomach. Morph. continued at regular intervals. Iced toast-water and iced mucilage for drink. Three p. m., pulse 85, rather hard ; bled him 10 $\frac{3}{4}$; continued Morph. and toast-water. Four p. m., quiet, pulse soft. Half-past six, p. m., complains of slight nausea, and has frequent alvine discharges ; pulse 86, rather hard ; considerable thirst ; gave pill, Opii. Ordered Ipecac and Morph. ; left powders of Opium and Acet. Plumbi, if the bowels continue moving ; toast-water continued.

Friday—Nurse reports a good night's rest ; says the pulse ranged, through the night, from 70 to 75 ; no operation from 8 o'clock till 4 this morning, stools watery, complains of nausea ; pulse this morning 83, and soft ; tongue white, and rather dry ; considerable thirst ; slight cough. Five, p. m., found him complaining of gastralgia, nausea and thirst ; frequent alvine dejections ; pulse 78, hard and full. Nine, p. m., vomited. Gave Morph. and Ipecac ; patient became quiet ; continue mucilage, discontinue toast-water ; repeat powders every three hours.

Saturday, 4 P. M.—Found the patient quiet and easy, pulse 80, soft and natural ; tongue clean ; an itching sensation in the wound ; slight tumefaction, and some soreness of the abdomen ; no movement of the bowels since Friday at 4 a. m. Ordered enema.

Sunday, 11 A. M.—Patient comfortable, had two operations from

the enema ; raised the bandage and made a small opening through the adhesive strips, for the escape of pus ; pulse 77 ; has great desire for nourishment ; may have table-spoonful of peach water every two hours ; directed the bowels to be kept open by enemata. Five, p. m.—Is troubled with melanotic regurgitation ; complains of burning sensation in the superior epigastric region ; pulse 65 soft. Ordered an enema. Pot. Bi-tart. for drink, $\frac{1}{4}$ gr. Sulph. Morph. as may be necessary.

Monday, 10 A. M.—Patient quiet, pulse 75 full ; face somewhat flushed ; bowels moved once last night ; examined the wound and found it had cicatrized nearly its entire length ; washed and dressed it ; bled him 10 $\frac{3}{4}$; ordered toast water, two table-spoonfuls every two hours ; enema this evening ; Morph., should he be restless during the night.

Tuesday Evening, 6 P. M.—Patient bolstered up in bed and comfortable ; pulse 76. Bowels not moved since 8 last night. An enema at 8 p. m. ; examined the wound and found it doing well. Pot. Bitart. continued.

Wednesday—Found patient quiet ; pulse 70 ; rested well through the night ; has an intense craving for food ; face slightly flushed ; increase diet cautiously ; complains of cramp in the extremities on attempting to move.

Thursday—Patient pretty comfortable ; some thirst ; has taken too much, and has exercised more than was prudent. Pulse 75, rather sharp ; face flushed. Washed and dressed the wound, which is healing rapidly. Bowels open. Ordered Morph. $\frac{1}{4}$ gr., Ipecac gr. 1 ; abstemious diet.

Friday—Patient easy, says he feels well, except some pain in the lower bowels. Pulse 78 and soft, tongue natural ; some tenderness on pressure on the abdomen ; strict antiphlogistic diet.

Sunday—Found the patient standing in the door ; dressed the wound, which looks well. Tongue slightly coated ; bowels inactive ; appetite good. Ordered Mass. Hyd. grs. x followed by enema in the morning.

Wednesday, Jan. 17—Found Mr. Bates resting quietly after a walk of half a mile. Washed and dressed the wound ; clipped and removed the sutures, and dressed with Basilicon cerate. With injunctions for bowels to be kept open and care in diet, patient was dismissed. D

It will be observed in this remarkable case that convalescence was established as rapidly as after most of the minor surgical cases. The patient was discharged on the 15th day after the operation and has continued well up to this time; he is now residing in this village, working daily at his trade, that of a shoemaker. The orifice in the stomach was made on the left anterior side, and I think about one inch below the pylorus; the opening was just large enough to withdraw the lead. From some cause, probably from the efforts to vomit, a portion of the omentum had been forced out between the sutures, and when the adhesive strips were removed for the first time, it was found protruding from $\frac{1}{2}$ to $\frac{3}{4}$ of an inch. Upon examination with a probe, I found it had formed adhesions on both sides of the orifice; I therefore removed the external portion with a pair of scissors.

It may be a matter of surprise, that an operation was not had sooner. Our reply to a question of that nature, is that an operation of that magnitude was not justifiable, as long as there was any doubt as to the lead being in the stomach; and the evening previous to the operation was the earliest time that all doubts of the fact had vanished, and the operation was performed at the earliest practicable moment thereafter. Although I had seen the patient occasionally for three or four days after this singular feat had been performed, and was called on the 8th to witness an operation, during all this time I had not seen one single symptom that was conclusive evidence of the presence of a bar of lead in the stomach.

The length of the bar is $10\frac{1}{4}$ inches, and its weight $9\frac{1}{4}$ ounces avoirdupois.

WAPELLO, March 15, 1855.

NECROSIS—TWO CASES SUCCESSFULLY OPERATED UPON.

BY J. C. HUGHES, M. D.,

Professor of Surgery in the Iowa Medical Department.

CASE I.—TRAUMATIC NECROSIS OF THE TIBIA.—Mr. Eagleson, aged 21, a barber in this city, had been for the last seven years suffering from this disease.

It was the result of injury, the patient having received as he supposed, a slight wound in the integument, over the middle third of the tibia, which was followed by osteitis, and finally resulted in general necrosis of the anterior half of the middle, and lower portion of the upper third of the bone. The patient (as in most cases of the kind) did not allow it to interfere with his business, and continued to impose upon the limb from year to year, applying during this time all the healing nostrums of the day, but without any beneficial result, when from the increased suffering, as the disease more rapidly advanced, he was compelled to adopt a different course, and consulted me upon the subject.

I found upon examination, the leg to be almost twice its natural size at the diseased point. The integument, particularly over the affected part, was dense and hard, as well as much thickened and enlarged, a condition caused by the infiltration of plastic exudation, the result no doubt of frequent inflammatory attacks. Continuing my examinations with a probe, I found several cloacæ situated in the new bony deposit which formed a kind of shell, or bark, over the diseased portion of the tibia. Through these I introduced the probe, and could pass it to the depth of more than an inch, where I could distinctly feel the rough projections as well as detached and loose sequestra, which occupied the anterior of the bone. The only chance for saving the limb was by an operation, which I advised, and to which the patient reluctantly consented.

Dec. 1st, he was brought before the Medical Class for operation, and after the administration of chloroform, given at his own request, I commenced by making an incision with a scalpel to the extent of five inches along the course of the spine of the tibia. After separating the integument, which was of almost a bony hardness, I made a further examination through the cloacæ and found it necessary to remove a portion of the external bone, as the natural openings in it were not sufficiently large to permit the passage of the sequestra which were situated within. I proceeded with chisels and mallet, which though it might seem a barbarous mode of surgical operation, was in this case absolutely demanded, to make a sufficient opening through which I was enabled to remove the greatest portion of the dead bone; but from the depth and position of some of the sequestra, I found it necessary to resort to

the use of the trephine, before being able to remove all the fragments.

Several pieces of dead bone were removed, the largest measuring over two inches in length. The water dressings, accompanied by mild constitutional remedies, constituted the after treatment, and in two weeks the patient was able to leave the city, and in four weeks after the operation, was entirely well, the leg having resumed its normal size and natural healthy color.

This disease may be idiopathic or compound; or, as in the present case, traumatic, having been caused by a blow resulting in a simple abscess, then periostitis and osteitis. It may make its appearance externally or internally, the former most common as arising from external causes, the latter from the result of constitutional difficulties, as from scrofulous, mercurial or syphilitic taints of the system.

It may occur at any period of life, but more frequently in the young, those under twenty years. The bones which are most liable to suffer are those which are most exposed, as the tibia, radius, and ulna, inferior maxillary and clavicle. All portions of the same bone are not alike susceptible to the disease, the more dense part generally suffering, while in the spongy portion it is very rare, caries being of more frequent occurrence in the cancellated texture.

Necrosis has not been thoroughly understood until within the last quarter of a century, by the majority of the profession, and even at this day of medical progress, you will find many who confer upon it, particularly if located near the joints, the name of white swelling. Where it is dependent upon a constitutional difficulty, the short bones are more liable to become affected, and I have seen cases where almost every bone had suffered. In other conditions we may have the surface or outer shell alone affected; or the inner portion adjacent to the medullary membrane becomes the seat of disease, or it may be general, affecting the entire bone. When the general constitutional cachexy is present, efforts of nature at repair, if they occur at all, are very feeble, and in nine cases out of ten, removal of the limb is demanded.

CASE II.—NECROSIS—AMPUTATION.—Mr. Reeves, aged about 40, a prominent citizen of Sigourney, Keokuk county, of this State, had for 25 years been suffering from the same disease. It

first attacked the tibia, having presented the ordinary symptoms of inflammation attendant upon osteitis; exfoliation from the external surface followed, finally the deeper parts became affected, and thus the disease continued from year to year, until the constitutional symptoms presented themselves accompanied by hectic fever. Finding himself sinking under the disease, he applied to me in January last for advice. Upon examination, I found the disease to have extended to the lower extremity of both the tibia and fibula, also the tarsal and metatarsal bones, and at once advised an operation, to which he willingly consented, having previously made up his mind that the leg must and should come off.

On January 4th, he presented himself before the Class, and after administering chloroform, I proceeded by the usual mode of the flap operation to remove the leg at about two and a half inches below the knee. For a few days after the operation his symptoms were not the most favorable. But the primary cause being now removed, he soon began to improve, and in some four weeks was able to return home, and from letters which I have since received from him, he speaks of his general good health, and rejoices that he has been relieved of so much suffering.

While this disease affects the external surface alone, exfoliation may take place, followed by restoration of the parts to a healthy condition, or if internal, the result though more tedious, may be the same; or even should it be general, the whole thickness of the bone being affected, there is a possibility of nature accomplishing a cure. But in all these cases, it is the duty of the surgeon to watch carefully the case during the progress of the local death, and when dead, and nature willing and anxious to throw it off, to interfere and remove it as you would any other foreign substance from the body.

DEPARTMENT OF SELECTIONS.

NATURE AND TREATMENT OF WESTERN AUTUMNAL FEVERS.

BY S. G. ARMOR, M. D.,

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Fevers of a periodical type are peculiarly interesting to the Western and Southern practitioner, from the fact that they prevail in all parts of the United States lying between the Northern Lakes and the Gulf of Mexico. And although, in the main, there is a general agreement as to the principles of treatment, yet in the details of that treatment questions arise upon which there are widely different views. This results, doubtless, from different opinions as to the nature and pathology of these fevers; and to this question, therefore, I shall very briefly direct attention.

I have selected the Autumnal fevers that prevail so largely in the Mississippi Valley, as typical of the entire class of Essential fevers; differing, it is true, in many particulars from those that depend upon a specific animal poison, and yet in their general pathology offering good illustrations of the general class of Idiopathic fevers.

What, then, is the nature and pathology of these fevers? Shall we regard them as *constitutional* or as *local* maladies? What relation does the febrile or inflammatory action sustain to the local disease? Are the local alterations secondary to the fever, or are they symptomatic of the fever? Or is the fever symptomatic of them, as taught by Broussais? And what influence do they possess in inducing a fatal termination?

I briefly present here the prominent questions at issue; they are questions upon which volumes have been written; and unfortunately *theory* has too often taken the place of *fact*, until speculation itself has become weary of the investigation.

The theories of medicine have always and always will influence its practice. Thus the speculations of Brown, Cullen, Clutterbuck, Broussais, Rosari and Armstrong successively introduced the stimulant, diaphoretic, general antiphlogistic, leeching, tartar emetic and mercurial plans, each of which has, in its turn, been pushed to a most deleterious extent. The same may be affirmed of the theory of Dr. Cook, an influential teacher of the West, who appeared to see but one organ, the *Liver*, whose remedy, *Calomel*, has been used by his followers to a prodigal, and I may add, empirical and often

cruel extent. It is important, therefore, in a practical point of view, that we should not reverse the Baconian method of arriving at the truth: our faith and practice should rest upon *fact*; and in the pursuit of this plan in studying the *phenomena and effects of fever*, modern pathologists have arrived at some of the most splendid results. They have abandoned, to a great extent, idle speculations as to the *proximate causes* and *exact nature* of fever; speculations that have always retarded, rather than advanced, the progress of medical science; and yet it is not perhaps affirming too much to say, as a starting point in our investigation, that all our Idiopathic or Essential forms of fever are the result of *the introduction of a poison of some kind into the system*.

The proof of this consists in the fact: 1st. That diseases analogous to these fevers have been induced by injecting putrid matter into the veins of animals: 2nd. These fevers are readily produced by the introduction of animal poisons into the blood, as in a case of small-pox, measles. &c.: 3rd. These poisons are known to operate through the medium of the air, by thus gaining access to the blood through the lungs: 4th. The non-contagious fevers, such as Intermittents and Remittents, are universally admitted to depend upon a poisoned or changed condition of the atmosphere: 5th. Actual observation establishes the fact that the blood *is* altered in all Essential or Idiopathic forms of fever.

That the febrile phenomena present in these fevers indicate a condition of the system *independent of inflammatory* action, I infer from the fact: 1st. That in the absence of complication during the progress of disease, there is no evidence of inflammation revealed by post mortem inspection: and 2nd. That the symptoms co-exist with a diminution of the fibrin of the blood, and diminished tolerance of the loss of blood. Evidently, therefore, the term *fever* may be used in two very different senses: in one signifying a collection of symptoms depending on local inflammation: and in the other a *condition* of the system entirely independent of such inflammation. In one the term indicates a *disease*, and in the other a *symptom*, just as head-ache, back-ache, furred tongue, and deranged secretions are symptoms. In the one kind, the local disease, if it be present, is consequent on the fever; in the other, fever is the result of the local disease. Hence the distinction between Essential and Symptomatic fevers. Let us take an example of each. A person in health is exposed to the contagion of an Enteric or Typhoid fever; he gradually becomes languid, stupid, has head-ache, back-ache, fever sets in, and during the course of the disease local symptoms manifest themselves, such as bronchitis, ulceration often of Peyer's glands, enlargement and softening of the spleen, &c. In the other case, a person, in equal health, from exposure to cold, or from local injury,

gets an attack of pleurisy or inflammation of the lungs, and as a consequence, has Symptomatic fever from local inflammation.

Now it will be at once perceived that the relation which the fever sustains to the local disease in each of these cases is quite different. In the one the fever is *primary* and the local affection *secondary*; the fever will exist, therefore, although the local disease may be modified or removed. In the other the fever vanishes on the removal of the local disease.

A very able paper has been recently contributed on this subject by the distinguished Dr. Stokes. He divides all diseases into three classes. "In the first we have diseases which have an *anatomical character*. In the next we have a most important class of cases which have *no anatomical character*, and yet they are not fevers."

The first includes, of course, the *local phlegmasiæ*, and the symptomatic fever resulting therefrom. The second includes the *Neuroses*, such as mania, epilepsy, hysteria, lock-jaw, &c. It can not be shown that these depend upon any known or ascertained anatomical change of any portion of the system. That their seat is in the Nervous system is very evident, but what the condition of the nervous system is to which they owe their origin, the most minute and untiring observations of pathological anatomists have failed to point out. We are justified in affirming therefore, that the first class of diseases have no anatomical character. Now we come to the *third* class described by Dr. Stokes, which comprises *Fevers*.

The Idiopathic or Essential fevers are general, constitutional affections; they may be said to have no definite anatomical character. It may be asked, then, how do they differ from the *Neuroses*? Strictly speaking, they differ but little; they have many features in common; and often occupy an intermediate position between the strictly inflammatory and the purely neurotic affections.

Fevers differ, however, very much from the pure *Neuroses* in this, that fever seems to be a special condition of life, produced by the introduction of a *special poison* into the circulation, exists for a certain time, and only subsides on the elimination or neutralization of the poison.

They differ, also, from the pure *Neuroses* in their tendency to produce local anatomical changes *secondary to the fever*. The Neurotic affections do not tend to the development of gastric hepatic, or bronchial disease, or to ulcers of the intestines, or cutaneous eruptions. These complications are not necessary, however, to the fever. We may have functional alterations occurring without any known organic change. Thus we have delirium in fever as a neurotic condition; pain as a neurotic condition; cough

as a neurotic condition ; and even abdominal tenderness may be present without enteritis or gastritis. We should remember, also, as a fundamental truth that lies at the basis of all correct views of fever, that a general morbid state is capable of destroying life *without any known anatomical change.*

The admittance of this doctrine into the field of pathology will enable us to obtain better and more definite ideas concerning the phenomena of fever ; it will give us the power of striking at the root of disease ; and, above all, it will banish from the Practice of Medicine much of that empiricism with which it has at all times been infested. It also offers the most rational explanation of the modification of diseased action growing out of prevailing *Epidemic influences.* It fixes the mind upon two controlling elements of disease ; *first*, upon the depressing effects of a Zymotic poison operating upon the general constitution ; *second*, upon the local inflammatory or functional complications that may be engrafted upon and influenced by a primary altered condition of the blood. It thus draws the line of demarcation between general and special pathology by keeping in view *constitutional conditions as modifying local action*, thus giving us broader views and clearer conceptions of the varied elements of disease as they act and react and insensibly shade into each other.

I have already intimated that the Essential fevers sustain an intermediate relation between the purely neurotic and the strictly inflammatory affections ; and it may be well for our patients if, during the progress of the fever, it continues to maintain this intermediate position. But the tendency is to local and inflammatory complications. Thus we have, for instance, bilious, gastric, catarrhal and enteric fevers, by which we would not be understood to imply that there is nothing more than simply disease of the liver, stomach, respiratory system, or the mucous membrane of the bowels. These have been simply *superadded* to the general disease, and may constitute its most formidable feature. They are, in many cases, the cause of death, and may prove fatal either by the direct destructive effects of inflammation, or by preventing the efforts of nature towards a favorable termination.

Having premised these general reflections on the nature and pathology of the Essential fevers, I desire to call attention to the leading indications of *Treatment*, more especially of the Periodical and Autumnal fevers of the Mississippi Valley. And based upon the pathology which I have very briefly pointed out, what are the indications of cure ? 1st. To counteract the injurious operation of the poisons : 2nd. To expel them from the system.

Unfortunately, however, we know of few remedies that will fulfil the first indication without injuriously affecting the blood itself. The second indication is the one most usually pursued, viz., to ex-

pel the offending matters from the system. This may be said to be Nature's mode of cure; and, in the absence of reliable knowledge as to the nature of the poison and its antidote, the physician can only aid nature in her work of elimination.

REMITTENTS.—I allude here to a type of miasmatic fever that has received numerous names, all of which are liable to objection. It is remittent—so are other fevers. It is also bilious—so is Yellow fever. It is essentially the same as Intermittent, produced by the same cause, having the same types, and amenable to the same treatment.

BLOOD LETTING.—An important question presents itself as to direct depletion by the lancet. Its propriety must, of course, be determined by the character of the symptoms and the constitution of the patient. What are the pathological differences between the Remittent and Intermittent varieties of fever? Evidently in the higher febrile excitement of the whole system; the greater tendency to visceral congestions and inflammations; and the much longer hot stage. We have a blending of a general and Essential fever with a local phlegmasia; and hence the want of complete intermission, as in intermittents. Remove the local lesion, and the antidote will take effect, as in ordinary intermittent. Blood-letting will often accomplish this object; but to be successful it should be resorted to at an early period, before inflammation in any organ is completely established. In young, robust, plethoric subjects, with hot skin, flushed face, severe pain in the head and back, and great gastric oppression, there ought to be no doubt as to the propriety of blood-letting. It will greatly facilitate the operation of other remedies, and often converts a Remittent into an Intermittent.

DIAPHORETICS.—If the skin remains hot, shall we resort to Dover's powder as a diaphoretic? Not while there is cold water. Have it applied according to Dr. Dixon's plan: "Set your patient in a convenient receptacle, and pour over his head and naked body from some elevation a stream of cold water until he is pale, or his pulse loses its fullness, or his skin becomes corrugated, or he shivers. Then have him dried and placed in bed, and copious perspiration usually follows." This is, of course, contra-indicated in the aged or feeble. But in young and vigorous subjects it is a most valuable therapeutic agent. The neutral mixture of the U. S. Dispensatory, variously combined with nauseants, may also be of service in promoting diaphoresis; and if the patient is restless, especially after the subduction of inflammatory excitement, a full Dover's powder should be administered at bed-time, and repeated if necessary to procure quietude and rest.

DIURETICS.—As a class of remedial agents in general febrile affections, diuretics are, I am well satisfied, too much neglected. There can be but little doubt that many of the constitutional dis-

turbances characteristic of Idiopathic fevers are in a great measure due to defective excretions ; and of the various excretory functions none equal in importance those of the Kidneys. These organs are in fact the great depurators of the system,—the exponents of the numerous chemical changes which are constantly taking place in the healthy and diseased animal fabric, and the principal channels through which foreign matters are expelled from the blood. Well selected diuretics, therefore, should hold a conspicuous place among our therapeutic agents in the cure of all forms of febrile disease.

PURGATION.—In withholding purgation in the treatment of the Autumnal fevers of the Mississippi Valley, I am aware that I come in conflict with high authority, and I would presume to question such authority, only from the conviction strongly impressed upon my mind, that active purgation is injurious in its tendencies and often fatal in its consequences. I doubt not but hundreds have fallen victims to erroneous views on this subject propagated by Hamilton in his work on Purgatives. Under the impression that “bilious disorder or hepatic derangements,” as they are generally termed, play an important part in our Autumnal fevers, mercurial cathartics are used to a prodigal extent, and doubtless their effect has often been fatal. The pathological fact is lost sight of that the lesion of hepatic secretion is always a *secondary* condition ; that it depends upon a certain *state* of the organ or of the system at large, and can be removed only by removing that state or condition. A clear conception of this fact would, I think, throw additional light on a class of diseases associated with derangement of the hepatic function, and banish from our nosology those numerous primary affections which are attributed to the liver.

What is the state or condition, therefore, of which the hepatic derangement is but an expression? First, congestion from intro-pulsion of blood, whether from the cold stage of an intermittent fever, or from protracted cold to the surface. The result of congestion from any cause, whether active or passive, is the lowering of the vital properties of the gland, and consequent suspension or perversion of secretion. Secondly, perverted secretion may result from a primary diseased condition of the blood itself. Or, lastly, we may adopt the explanation of Bichat, “that between a secreting organ and the surface upon which its excreting duct opens there is a sympathy by which a stimulus applied to the latter is communicated to the former.” In either case the deranged secretion is secondary, to the *condition* producing it.

If these premises be correct, why do we administer purgatives for the relief of biliary derangement? I am aware that it is argued, theoretically, that the serous exhalation from the intestinal canal, caused by the action of a cathartic, unloads the vessels of

the liver, and thereby restores its healthy circulation ; and this argument might have weight were it not for the counteracting influence of irritation caused by the operation of the remedy. But this element of evil, I doubt not more than overbalances all the benefit derived from the depletion. In many instances the manifestations of biliary derangement are *produced* by irritation and phlegmasia of the mucous membrane. The illustrations of this are numerous. Errors of diet may give rise to it. A large quantity of indigestible food is taken at supper : next day the patient has vomiting, thirst, followed by jaundice. Or he may be exposed to heat, and, while suffering from lassitude and thirst, his body bathed in perspiration, he drinks large draughts of cold water. In a few hours he has nausea, thirst, fever, and awakes some morning and finds himself jaundiced. The same condition often follows drastic purgation. An increased irritation is communicated to the parenchyma of the liver, and whatever be the intensity of the phenomena attributed to the bile, *calmness is generally reestablished as soon as there is cessation of the local phlegmasia*. I regard this as an established fact in pathology of the highest importance.

In our ordinary Autumnal fevers, therefore, accompanied as they generally are with irritation of the stomach and bowels, I would abstain from the use of cathartics as calculated to aggravate the symptoms of biliary derangement and increase all the phenomena of the disease.

I would not, however, entirely exclude alvine evacuants in the treatment of these fevers. That their operation is often attended with benefit I would not for a moment deny. The acrid secretion may be a greater source of irritation, forward upon the mucous membrane and backward upon the gland secreting it, than would be the effect of a laxative to remove it. Or, if torpor or paralysis of the liver were present, associated with clay colored or white discharges, and unaccompanied by hyperæmia and tenderness of the gastro-duodenal mucous membrane, the *mercurial* cathartics would be admissible. But is it true, that, in the class of cases under consideration these are the manifestations? Is not, indeed, the very opposite condition generally present, such as local tenderness, irritability of the stomach, and dark discharges? Shall we, then, in this condition, administer cathartics? Many reasons forbid.

1st. As a general and valuable therapeutic principle we should never resort to medicinal agents when nature is doing her proper work.

2nd. Cathartics will increase the very difficulty which nature is endeavoring to overcome, by adding irritation and determination to the congestion already existing.

3d. There is no indication as a general proposition for their use, as evinced by the color and character of the discharges—dark discharges, characterising hyperæmia and effusion, positively contra-indicating their use.

SULPHATE OF QUININE.—All forms of our Autumnal fevers of the South and West—the Intermittent, Remittent and Congestive—are convertible one into the other; they possess one common property; there is but one feature, or element in either that is essential to their pathology, and that feature or element bows before the potent sway of the *sulphate of quinine*. The local lesions that take place during the progress of these fevers, are *secondary to this feature or element*, not primary and essential, and if this condition be not early arrested, fatal complications of vital organs may take place. Our first indication, therefore, should be to break up the paroxysms. We should not wait *for* remissions, but seek to *produce* them. In the malignant or congestive forms of intermittent fever, the timely administration of quinine in *large doses*, affords the only hope of the patient; it is the pivot on which the case is to turn for life or death.

I would not be understood, however, as regarding quinine the *only* means to be employed in the treatment of these fevers. If time admits, the intelligent practitioner will observe the usual preparatory treatment. He will also promptly counteract local determinations and complications. But the grand outstanding prominent idea to be cherished is the potency of the quinine to arrest the paroxysms.

In the inflammatory forms of remittent it may be necessary to premise by general blood-letting, or by the sedative effects of water applied by the dash, as suggested by Dr. Dixon, of Charleston, S. C.; or, what may even more successfully meet the same indication, cover the patient with a sheet, and have a sponge dipped in tepid water passed over every part of his body by the hour together, until the thermometer, both in the axilla and the mouth, has been brought down to 99 or 100 deg. The conditions of inflammatory excitement having been obviated, the antidote will be as prompt in its arrest of this as in the ordinary form of intermittent fever.

STRYCHNIA.—I regard this as a valuable adjuvant to the quinine in the malignant or congestive intermittents, especially if there be much difficulty in arousing the nervous system from its lethargy; and in the weak and broken down condition of the nervous system from an ordinary intermittent, it often proves to be a remedy of singular power.—*Western Lancet.*

ON THE USE OF COLD AS AN ANÆSTHETIC.

BY (1) DR. JAMES ARNOTT ; and (2) others.

1. Arguing from the frequency of deaths from chloroform, Dr. James Arnott considers it imperatively necessary to substitute a safer anæsthetic, and he again urges the claims of cold to preference. In the present instance his object is to institute *a comparison between chloroform and cold as anæsthetics*. He proceeds :

“It is commonly supposed that the application of benumbing cold must be a difficult and troublesome proceeding ; much more so, in both respects, than the administration of chloroform. The very contrary is the truth. Whether the cold is applied by keeping in contact with the part, for a few seconds, a refrigerating mixture of ice and salt contained in a gauze bag or a thin metallic vessel, or by touching it with a thick piece of copper that has been dipped in such a mixture, nothing can be easier ; and it is impossible to fail. Different from chloroform, the anæsthetic effect is complete within a minute ; and, as it has no unpleasant consequences, the surgeon is released from those protracted attentions which he is so often called upon to give in allaying the nervous symptoms that frequently follow the administration of chloroform. He requires no assistant : and, as the anæsthetic brings no new danger of its own, his mind is undisturbed during the operation, from the anxiety which he would suffer from chloroform on this account.

“The expense of either plan is so trifling, that it does not deserve mention with respect to private practice ; but, with reference to hospitals, where the strictest economy is required, it may be worth while to state, that cold does not cost a twentieth part of the price of chloroform. In using a frigorific mixture for remedial purposes in dispensary practice, I have made two pennyworth of the materials answer for several cases in succession. Mr. Ferguson, of Giltspur Street, has had benumbing vessels elegantly made of silver ; but, however well suited for private practice these may be, a rougher apparatus will answer. On one occasion, in employing congelation in phlebitis, I borrowed for the purpose the net which confined the hair of the attendant nurse ; and the principal ingredient cost as little as the instrument which contained it, for, there being a snow-storm at the time, it was gathered from the doorstep.

“The perfect safety from cold, and the anæsthesia from chloroform in the deepest operations, are the great respective advantages of these agents. Of the thousands of times intense cold has been used, not once has it been followed by any more untoward event than a slight cutaneous irritation. If the skin is merely be-

numbed, no redness follow the application ; if congelation of the adipose matter under the skin is caused, a redness comes on, which may continue for a day or two. But, as explained elsewhere, this is the very contrary of inflammation. Instead of being a symptom of inflammation, the redness shows that a condition of the part exists, rendering inflammation impossible. And in this safety produced by congelation, there is an advantage not inferior in importance to the insensibility. For, to the erysipelas and phlebitis following surgical operations, the greater number of deaths occasioned by them is to be attributed.

“The anæsthesia from chloroform in deep operations can only be called perfect under the supposition, still contested, that the unconsciousness of the patient afterwards, that he has submitted to an operation, proceeds from having felt no pain, and not merely from having forgotten it. To judge from his struggles and cries, the latter would be the conclusion.

“The anæsthesia produced by chloroform is by no means so certain as the anæsthesia produced by cold, because, in the latter case, there is no unconsciousness. But, in deep operations, it is only the incision of the skin, which is very painful. The most eminent orthopædic practitioner of the day states, in a letter to the writer, that in the operations he is conversant with, the only source of pain is the incision of the skin ; and perhaps no surgeon has had so good an opportunity of forming an opinion on this point. But all will agree, that if the sensibility of the skin were suspended, there would be very little suffering from the cutting of the deeper parts. So little, indeed, that it becomes a question whether life should be endangered by suspending it. The pain attendant on tightening the ligatures of arteries could be easily obviated by the momentary previous application of a congealing copper ball.

“Chloroform, by causing unconsciousness, prevents the patient from assisting the surgeon in his operation, and from apprising him of mistakes that may happen in its performance. The public has just been reading, with horror, accounts of attempts made to drag a stone from an unopened bladder by a forceps, introduced through the wound, and grasping both stone and bladder. But for the insensibility produced by chloroform, the screams of the unfortunate child would have at once indicated the error ; and the system, perhaps, is more to be blamed than the surgeon.

“In the act of administration, and afterwards, certain inconveniences attend both measures. Chloroform, besides producing unconsciousness, causes a sensation of choking, and is often succeeded by headach, sickness and prostration. Cold applied only to the degree of benumbing (which may often be sufficient) causes no unpleasant sensation ; but when congelation is produced, there is a sense of pricking, like that caused by mustard, both at the

time, and after the return of the circulation. This subsequent smarting may be entirely prevented by a moderate application of cold; and that which first takes place may be lessened, if thought worth while, by a little management.

"In recapitulating the subject, we may say, that although in deep operations, the insensibility produced by chloroform may be greater than that produced by cold (unless this were applied in the successive stages of the incision,) in all superficial operations, which constitute the immense majority, cold is superior to chloroform in the circumstances of safety, ease of application or the saving of time and trouble, certainty of producing anæsthesia, and lastly, in the power it possesses of preventing subsequent inflammation. Surely, a conscientious and humane surgeon will not allow the prejudice against novelty or innovation to outweigh so decided a superiority. Anæsthesia will no doubt, henceforth be a required element of every surgical operation, but chloroform, fortunately, is not the only mode of producing it."

2. On the other hand, cold is not always so effectual a substitute for chloroform as Dr. Arnott would have us imagine, and some cases in point are reported in the *London Practice of Medicine and Surgery*.

In one instance the reporter writes:

In several cases recently operated upon at St. Bartholmew's Hospital, trial was made as to the efficiency of congelation in preventing the pain of the incisions. Whether from a too timorous use of the means, or some other cause, the success was not so complete as could have been desired, since the patients evidently felt. Mr. Paget, however, has informed us, that in private he has, on several occasions, tried the plan, and found it to answer fully the intention of the proposer. The operations were for the removal of subcutaneous tumors, in which the main point was, that the patient should not feel the incision through the skin. In one case Mr. Paget excised a fatty tumor from the shoulder of a lady, the skin having previously been frozen; and although the incision required was four inches long, yet no pain was complained of. In proof that congelation does not hinder the subsequent healing, it may be mentioned, that in that instance a considerable part of the wound united by the first intention, and the rest of it soon closed. The mixture used was about equal parts of pounded ice and salt, enclosed in a coarse muslin bag. This was by degrees applied to the surface to be operated on, and, as the patient got used to the sensation, allowed to remain on it. The process occupied from four to six minutes, and caused no pain. Operators who make use of this plan, must recollect that the skin does not cut so crisp as natural when frozen, but like tough soap, requiring a little modification in the handling of the scalpel. The apparatus recommended

by Dr. Arnott, a gauze bag, a large brass ball, a spoon, &c., is now kept by the instrument-makers ; but it is very simple and may easily be extemporised without cost.

On another occasion the same reporter notices two other cases. In the first, the patient was a woman, under the care of Mr. Walton, in St. Mary's Hospital. from whom it was necessary to remove a fatty tumor from the abdominal wall. The tumor was subcutaneous, and felt quite as loose as such tumors generally are ; it had the size of an adult fist, somewhat flattened. Nearly an hour was wasted in unsuccessful attempts to freeze the skin, but as this was due, of course, to mistakes in manipulation, it should not be charged against the process. At length, a mixture, properly made, was applied, and in about four minutes the requisite area of skin was frozen, as white and hard as could be wished. Without the loss of a moment's time, Mr. Walton made a deep incision through the whole required extent of skin into the tumor. This gave no pain. The tumor was seized at once, and forcible enucleation attempted. It could not, however, be extracted so easily as had been expected, and adhesions, both to the skin and to the deeper parts, required to be divided by the knife. At one part, where it appeared to have been pressed upon by the edge of the woman's stays, the adhesions between the tumor and skin were very close, and a careful division was needed. The operation lasted perhaps altogether about four minutes, and during the whole of that time, excepting the first cut in the skin, the patient was making loud cries and protestations of pain. It should be stated, that she was a remarkably quiet person, and one who did not complain for little.

In the second case, the patient was a man of middle age, under the care of Mr. Critchett in the London Hospital. The tumor was a fatty one, about the size of a large fist, and situated beneath the skin in the upper part of the front of the thigh. The freezing of the skin was very complete, nearly five minutes had been occupied in the process, and the incision into it appeared to be quite painless. The tumor had, however, rather intimate adhesions, more especially to the integuments ; and the man complained much at almost every touch of the knife, excepting the first.

We had witnessed before the above, several cases of partial failure in the use of cold, but were inclined to attribute them somewhat to timorousness in its use ; in these, however, it was fairly and sufficiently used. Their evidence seems clear to the effect, that, unless the tumor be so loose, and an almost instantaneous enucleation can be performed, a painless operation must not be expected. The anæsthesia does not extend at all deeper than the skin ; and even in its recovery of sensibility is so rapid during the manipulations, that the division of adhesions to its surface will not

be painless unless made without a minute's delay. There are, doubtless, a large number of cases in which, despite these drawbacks, anaesthesia by cold may be made very useful; but the surgeon must always be careful not to promise to his patient a painless operation. As it regards the excision of tumors, it will probably, in a few instances, be completely successful, and in many others sufficiently so to afford a good pretext for avoiding the use of chloroform. It is, perhaps, adapted best of all for use in the very painful operations which it is so frequently necessary to perform on the fingers and toes. Here it can be applied from several sides at once, and a more complete and less transitory degree of anaesthesia produced.—*Ranking's Abstract—from Medical Times and Gazette.*

QUICKNESS OF THE PULSE AFTER FEVER.

BY DR. STOKES.

“There is a case in the small fever ward to which I would wish to direct your attention. Although the patient has convalesced after a long fever, and is now gaining flesh and strength, we have found that the pulse continues rapid. Now, this is a circumstance which must always excite suspicion. In this patient, the signs of abdominal and pulmonary lesion have disappeared, as well as the characteristic expression of what may be termed the condition or state of fever,—yet, we find that his pulse does not correspond with the signs of improvement in all the other functions. It was suggested by Laennec; that the rapidity of pulse in patients after fever might depend on softening of the heart; but we shall see, by and by, that the true typhous softening of the heart, so far from inducing rapidity of pulse during convalescence, has much more frequently the effect of making it slow; not only slow as considered with reference to the condition of health, but actually falling below the ordinary standard. * * * * *

“These cases of quickness of pulse are of two kinds. In one class the pulse has never lost the rapidity it attained during the fever; or it has, perhaps, come down fifteen or twenty beats in a minute, and its rate then remains stationary. In the other cases the pulse, which had become quiet, rises to 100 or 120, or even higher, and remains at that rate for days together, without our being able to detect any cause for its increased rapidity. This, I think, is the worst case of the two; at least, it appears more often to indicate a new pathological change.

“The local diseases which have been found most frequently to attend this condition are of two kinds; one of them is tuberculosis

—the deposition of tubercles in the lung and other parts; the other is the existence of a secondary reactive inflammation in the mucous glands of the intestines. To this subject Dr. Cheyne long ago drew attention, in speaking of imperfect convalescence in typhus fever; and he gives several cases in the Report of the Hardwicke and Whitworth Hospitals, in which patients had recovered well from typhus fever; had, to all appearance, regained a certain degree of strength; had regained their appetite: but they showed no disposition to leave their beds; the pulse gradually got quicker and quicker; the belly swelled; diarrhoea came on; and the patients died with symptoms of disease of the intestinal canal. Upon dissection, extensive ulceration of the mucous glands was found in the intestine. These are the two most common of the local diseases which you should suspect when you have a patient who has gone through a long fever with the pulse continuing or becoming very quick.

“But now suppose that you examine such a patient with great care. You percuss his chest; you examine the state of his respiration in every way, and you cannot satisfy yourself that there is any disease in his lung; and you will recollect what I mentioned to you at our last lecture, that in most cases of this tuberculosis after typhus there is great constitutional suffering. Well, you may make up your mind, from the absence of all these signs, that the patient is not becoming tuberculous, at all events. When you proceed to examine the abdomen, you will find, perhaps, that he has a good appetite; that his thirst is gone; that the belly is hollow and soft, and there is no tumefaction of it; that there is no tenderness on pressure anywhere; no throbbing of the abdominal aorta; no tendency to diarrhoea—in fact no one symptom of disease of the mucous membrane of the intestine. And yet, as in the case above stairs, you have a pulse with this unpleasant degree of quickness. I rather think that this man’s pulse is now quicker than it was on the twenty-first day of his illness; and it makes me extremely uneasy about him. Now, gentlemen, suppose that you did not find either disease of the lung or disease of the abdomen; what should you suspect? Generally, in those circumstances, you may suspect that the patient will be attacked by phlegmasia dolens; for we have seen a considerable number of cases in which, after fever, where the pulse continued rapid, this disease exploded. It is, I think, more likely to occur in the non-petechial than in the petechial cases; it is more likely to occur in the long fevers than in the short fevers; it is very liable to arise in patients who have had a fever running on beyond twenty-one days, or thirty days, or forty days. In these patients, after the true symptoms of fever have subsided, they remain with a rapid pulse, and probably, in a week or ten days, symptoms of phlegmasia dolens come on; and

the disposition to this venous inflammation is very curious in them, for you will very often find that the patient has two or three distinct attacks of it. It may affect one leg, and you will get the patient through that attack; still the pulse does not regain its natural rate. After a week or ten days, the other extremity will be attacked: and it is even possible that a third seizure may occur, as it were, a relapse of the disease in the part first affected; and in this way patients will go on laboring under these attacks and their consequences for months together. In most instances, however, the patients recover. In most of the cases I have seen, of this acute phlebitis consequent upon fever, there was distinct notice of the invasion of the disease—that is to say, the patient was attacked with pain in the calf of the leg. He is attacked, say in the course of the night, with pain in the calf of the leg; and when you come, in the morning, you find him exhibiting all the characteristics of the disease—a large swelling, pain on pressure, and all the other symptoms. Sometimes you find a cordy state of the superficial veins; at other times not. When you can feel a deep-seated vein, you will sometimes find it in a hard and cordy state.

“I think it right to warn you of these curious circumstances; for I am sure that in the course of your practice, you will often be in this position, that you will have a patient recovering from fever, and going on in every respect well, except that the pulse does not come down. The rule then, is, that if the most minute examination fails to detect disease in the great viscera, you may expect the occurrence of phlebitis.

“The term, *phlegmasia dolens*, under these circumstances, is not always applied correctly; for the disease is not always painful. We have seen a few instances in which the discovery of the local affection was entirely accidental. Of course, you will not suppose that I am prophesying that the patient above stairs will have *phlegmasia dolens*; all I say is, that he is in that state which would justify you in suspecting something of the kind.

“I have mentioned the rapid deposition of tubercle, ulceration of the intestines, and phlebitis of the extremities, as the diseases we have found to occur most commonly in these instances of unaccountable quickness of pulse after fever. Doubtless, there are many more examples of local disease arising under these circumstances; but the general rule will hold good, that this symptom foreshadows a disease, which, though at first latent, will before long become manifest. These diseases are generally attended with much irritation, and the condition of the patient is rather one of irritation, or inflammation if you will, than of essential fever. And this is one of the illustrations of a circumstance often observed by a clinical investigator, namely, the change of character of disease, locally and constitutionally, in the same

patient, and within a not very extended period. The typhous condition, generally considered, will change into a different state. The essential or general morbid state will disappear, and a local irritation, with its symptomatic fever, becomes the prominent malady. Nay, you will sometimes find that the very condition of a local disease, formed during the first, the typhous or essential period of the disease, will itself change, and take on the characters of what is termed by some a 'healthy inflammation.' You may sometimes see this well illustrated in that terrible disease, accompanied by purulent deposits, in many of the articulations. The patient may throw off the typhoid state which attends the earlier periods of the disease, and then the affection of the joints seem to change in its nature, and take on the characters of ordinary arthritis. I have only seen this, however, where one or two of the larger joints had been affected with the primary disease; and it was most remarkable to witness the changes both in the constitutional state and the local affection. It was no longer necessary to use general stimulation; it was no longer improper to employ local antiphlogistic measures."—*Clinical Lectures on Fever*, No. 10.—*Ranking*.

THE GREAT IMPORTANCE OF NOURISHMENT IN FEVER.

BY DR. STOKES.

I wish also strongly to impress on you the great importance of the use of other forms of nourishment in this disease; for we must not only keep up the nervous energy of the system by wine, but we must support nature by food. There is no mistake more fatal in fever than the withholding of food. I was early taught the importance of the use of careful nourishment in fever by my friend and colleague, Dr. Graves. I remember once, Dr. Graves, when speaking of the use of nourishment in fever, made use of these words,—“If you are at a loss for an epitaph to be placed on my tomb, here is one for you,—*He fed fevers.*” In addition to the prejudices with which the inflammatory doctrine imbued so many minds, with respect to the use of food in fever, there was a new set of arguments raised against it, in consequence of the experiments of an American physician. I allude to the case observed by Dr. Beaumont, and so often quoted since. In this remarkable case, various medical substances and articles of food were introduced through an external fistula into the stomach, their effects being noted, as also the conditions of temperature, vascularity, &c. A set of results were subsequently published in connection with the action of the stomach upon food. One of the results stated to have been thus obtained was, that the existence of the state of

fever altogether suspended the process of digestion. Here was a statement which had the appearance of being the result of strict observation. It influenced a number of young men; but did it influence those who had once been in charge of a fever hospital? Not at all; because those men knew very well that, no matter what Beaumont might say about the stomach not digesting when the patient had fever, in thousands of cases patients in fever digested remarkably well, required food, and derived benefit from it. In a large number of cases of typhus fever, the stomach has an excellent power of digestion; and, I believe, if we were bold enough, we would find that many articles of food usually forbidden to fever patients might have been given to them with safety. A curious incident was related to me which shows that the stomach in fever is capable of digesting even a rather coarse article of food. A lady who had been recently married was attacked with extremely severe petechial fever; she was covered with dark-colored maculæ, and the disease had run to about the twelfth or thirteenth day. She was attended by several eminent physicians. Her case was an extremely bad one, and her life was all but despaired of. She was violently delirious. Her husband had occasion to leave the house, on some business. At the period of the dinner-hour of the family, the servants were cooking a rump of beef and cabbage, and the odor of it filled the house. In her delirium she called for some of the beef and cabbage; she was then, you must understand, in severe fever, and covered with maculæ. Her sister, who was attending her, believing she was dying, thought it only right to indulge her, from the feeling that it was right to indulge the request of a dying person. She proceeded to the kitchen; and, as soon as the beef was boiled, cut a very large mess of beef and cabbage; this was brought up smoking hot to the lady's bed-side, when she devoured it with great avidity. Shortly afterwards her husband came in, and was told what had happened. He became terrified, and sent for physicians in every direction. Four or five assembled; time was pressing, and every one agreed that something should be done. At length the late Dr. Harvey, a practical physician of the very first class, arrived. He was laid hold of by the agonized husband, forced up-stairs, and his opinion earnestly requested. At that time the stomach-pump was not in fashion, but every one agreed that something decisive should be done, that an emetic should be given, or some extraordinary effort made to get this mess of beef and cabbage out of the lady's stomach. When Dr. Harvey went to the bed-side, he found the patient in a tranquil sleep. He turned round, and when anxiously appealed to what should be done, he said—"You had better wait till she awakens; let her sleep it out." She slept for four or five hours; awoke wonderfully better, and on the following day was out of danger. I

do not give this case to induce you to feed your patients with salt beef and cabbage in fever, but it is very important, as showing that in typhus fever with maculæ, the stomach is capable not only of digesting a coarse article of food as salt beef, but that even such food may have a good effect.—(*Clinical Lectures on Fever*, No. 5.)

INDICATIONS FOR TREATMENT IN FEVER AFFORDED BY THE HEART.

BY DR. STOKES.

"I have sometimes observed that students were under a misapprehension about the doctrines which we have long held in this hospital with respect to the condition of the heart as a guide for the use of wine. They have come to the erroneous opinion that we are only to give wine where we find the want of the first sound of the heart, and that we are not to give wine where the heart is acting well. This is a mistaken view of the matter. What we have established as to the state of the heart in connection with the effect of stimulants, is simply this,—we have ascertained that the efficacy of stimulants is often directly as the debility of the heart. It has been also ascertained that the power of bearing stimulants, their effect upon the nervous system, their good effects on the general condition, are directly as the weakness of the heart.—We may lay down as a rule, that there are three conditions of the heart to be looked at by the practical man in the treatment of fever. In one, we have an excited heart—a violently excited heart all through the case; and this heart may be excited and violent, although the symptoms be those of extreme adynamia, although the surface be cold, the breath cold, and the pulse so feeble that it cannot be discovered. Nay, the heart may act with great force for several days, and yet there be no pulse at the wrist. This is one case. In the next case we find exactly an opposite condition, in which the systolic force of the heart is diminished. This is shown by loss of impulse of the heart, by diminution of the first sound, and, in certain cases by extinction of the first sound of the heart while the second remains. This is a case which calls for wine, and in which you should give it: it is a case in which, in the vast majority of instances, wine will agree with the patient. There is a third set of cases in which the heart does not seem to be implicated at all in the course of the disease, in which, notwithstanding the existence of the most extraordinary group of symptoms affecting various organs, the heart, in the middle of the storm, seems to be in a state of calm and quiet. If we compare these three sets of cases with a view to prognosis, we may arrange them

in this way. The case of excited heart all through, with feeble pulse and with adynama, is unquestionably the worst case. There is no worse symptom in fever than an excited heart. It is especially a bad symptom when, with that excitement, we find a feeble pulse. The next will be the case of sinking of the heart; and the most favorable case is that in which, as I said before, the heart seems to escape disease. But you are not to suppose, that because you have an excited heart you are not to give wine if the symptoms of the patient require it: and you are not to suppose that, because the heart is not affected at all, you are to withhold wine if the general symptoms of the patient require it. You are not to found your exhibition of wine or stimulants upon any one thing; you are to take the general state of the patient into consideration. What we have done is to discover an intelligible practical rule which will guide you in the use of wine in certain, I think in many, cases; but you are not to suppose that because this man has a clear first sound at his heart, therefore you are not to give wine. You are not to suppose that because the heart is safe you can do without wine."—*Clinical Lectures on Fever.*—*From Ranking.*

SOLIDIFIED MILK.

A committee of the New York Academy of Medicine recently visited the manufacturing of this important addition to culinary medicine. It must prove invaluable to travellers and especially to mothers living in cities where most of the milk is procured from diseased cows fed with distillery swill. We copy the following from the American Medical Monthly:

To 112 lbs. of milk, 28 lbs. Stuart's white sugar were added, and a trivial proportion of bicarbonate of soda, a tea-spoonful, merely enough to insure the neutralizing of any acid which in the summer season is exhibited even in a few minutes after milking, although inappreciable to the organs of taste. The sweet milk was poured into evaporating pans of enameled iron, embedded in warm water heated by steam. A thermometer was immersed in each of these water baths; that, by frequent inspection, the temperature may not rise above the point which years of experience have shown advisable.

To facilitate the evaporation—by means of blowers and other ingenious apparatus—a current of air is established between the covers of the pans and the solidified milk. Connected with the steam engine is an arrangement of stirrers, for agitating the milk slightly whilst evaporating, and so gently as not to *churn* it. In about three hours the milk and sugar assumed a paste consistency,

and delighted the palate of all present; by constant manipulation and warming it was reduced to a rich, creamy looking powder; then exposed to the air to cool, weighed into parcels of a pound each, and by a press, with the force of a ton or two, made to assume the compact form of a tablet. (the size of a small brick,) in which shape, covered with tin foil, it is presented to the public.

Some of the solidified milk which had been grated and dissolved in water the evening previous, was found covered with a rich cream; this skimmed off, was soon converted into excellent butter. Another solution was speedily converted into wine whey, by a treatment precisely similar to that employed in using ordinary milk. It fully equalled the expectations of all; so that solidified milk will hereafter rank among the necessary appendages of the sick room. In fine, this article makes paps, custards, puddings, and cakes, equal to the best milk; and one may be sure it is an unadulterated article, obtained from well pastured cattle, and not the produce of distillery slops—neither can it be *watered*.

For our steamships, our packets, for those travelling by land or by sea, for hotel purposes or use in private families, for young or old, we recommend it cordially as a substitute for fresh milk.

HYDROCHLORATE OF AMMONIA INTERNALLY IN NEURALGIA.

By DR. EBDEN, of the Bengal Medical Service.

Carrying out Dr. Watson's recommendation, Dr. Ebden has tried this remedy "in a great many instances and cases, and with, almost invariably, satisfactory results." He writes:

"In facial neuralgia, tic-doloureux, nervous head-ache, tooth-ache, clonus-hystericus, and in affections of this neuralgic kind generally, and not excepting sciatica, and even in one case of neuralgic dysmenorrhoea, I have often given it, and have been convinced, after a full trial of its merits, that it is decidedly a very valuable and powerful remedy for the relief of neuralgic pain generally.

"I usually prescribed from twenty-five to thirty five grains of the salt in an ounce of mint water, or camphor mixture every twenty minutes, for three doses, giving, if required, a saline aperient with the first dose. The second dose is usually sufficient for the relief of the immediate pain; but I have observed that where it has been necessary to repeat and continue the doses, the patient has, in many instances, afterwards, enjoyed a comparative immunity from the recurrence of pain; and therefore have I, in some cases, been led to continue the exhibition of the murate systematically at six or eight hours' intervals for some days. From memoranda of many satisfactory cases, I am induced here to select the particulars of two, in which the good effects were great and marked."

1. In June, 1850, at Simla, a lady of somewhat delicate frame, æt. 35, suffered very severely from an attack of facial neuralgia, an affection to which she was very subject. She had travelled all over Europe, and had, in many large cities, consulted professional savans on this disease, to which she was so great a martyr. No advice had benefitted her, "no doctors' stuff yet had ever given her any relief." After some persuasion, but with no hope on her part of success, she was induced to try the muriate in full doses. While in actual agony, she took the first thirty grs. with marked relief, in ten minutes' time; the second dose *quite* removed all pain. She has never since had any return of her old enemy, for now she wards off every threatening attack, with a dose of "the ammonia muriate" solution, with which she is always now provided.

2. A clergyman who had suffered terribly from "nervous headaches" coming on at all times, but having apparently no other disorder of his general health, had consulted many medical men, and taken many remedies. Early in 1851, he tried the ammonia with the immediate relief to the present attack, and with very great *alleviation* of many subsequent headaches. He, too, managed to ward off very many attacks by taking 30 grs. of the muriate whenever the pain threatened; and he was rendered, after some few days' treatment, very much less liable to them, than he had previously been for many years.—*Indian Annals Medical Science.*

MINERAL ACIDS IN NAUSEA AND VOMITING DURING PREGNANCY.

Of the many diseases incident to the state of pregnancy in the human female, no one is more troublesome or a greater source of annoyance to the patient, friends, and physician, than nausea and its sequent, vomiting.

Not only does it manifest itself in the early stage of pregnancy but continues even to the end, the last months being often more severe than the first, and in some cases does not manifest itself until the 8th or 9th month.

That its cause during the first stage of foetal existence is dependant upon and due to the sympathetic action of the gestative organ upon the stomach is evident, especially when we see that derangement of the digestive functions is a consequent disease of the uterus from any cause whatever.

When it occurs during the latter stages, mechanical pressure or an over fullness of the genital system have been considered the exciting causes, and in many cases, if not in all, will account for the disease. Torpidity of the bowels and the ingestion of indigestible food will also tend to produce it.

To relieve and if possible, to obviate this state of things, necessarily devolves upon the physician ; and how often do the best directed efforts fail to bring about the desired results ? My attention has been directed to this subject from several patients coming under my charge afflicted with this disease.

In the spring of 1853, I was called to see Mrs. G., who was said to be nearly dead from long-continued vomiting. She was pregnant for the first time, and was then about eight months gone.

Deeming, upon examination, that the cause of the vomiting was mechanical pressure, I could promise her no relief, until it should take place by her confinement ; but as she was suffering so much, and as no food, from the richest to the most bland, would remain in the stomach, I was induced to try what could be done for her. Each in its turn, I prescribed the usual remedies with little, and sometimes with no benefit, and was about giving the case up as irremediable when I thought of the mineral acids ; and making a weak solution of sulphuric acid and water, I gave it to her, with directions to use it every hour. She did so, and the first dose, in a measure, relieved her, and after a few doses she was enabled to retain some food. She was troubled but little afterwards, when, her confinement taking place, she entirely recovered. In August, of the present year, she was again in a similar situation as above related, when I treated her as before, but with no relief of the symptoms, till I administered the acids. This time I gave the nitric acid, diluted as above, with the same good results.

In October last, I was called to see Mrs. M., who, her husband informed me, could not live long unless something was speedily done for her, as she had been vomiting for nearly two months, and at the time was suffering from diarrhoea.

I found the woman emaciated to almost a skeleton. She was confined to her bed and unable to sit up, and could retain nothing whatever in the stomach. She was then, as she thought, about two months pregnant ; and had not consulted a physician before because her neighbors had told her all women were so troubled ; and being her first pregnancy, she felt a delicacy in so doing.

I prescribed for her the dilute sulphuric acid, to which I added some morphine, to relieve the pain of the diarrhoea. She felt relieved after the first dose, and in a week was able to sit up, and soon entirely recovered. I have used it in several other cases, as have some of my medical friends, with the same beneficial results ; nor have I as yet been disappointed.—*Peninsular Jour. Med.*

FROM THE RECORDS OF BOSTON SOCIETY FOR MEDICAL OBSERVATION.

BY R. M. HODGES, M. D., SECRETARY.

BLEEDING IN PNEUMONIA.—Dr. WILLIAMS, in the course of a discussion upon the treatment of pneumonia, said that in Vienna the expectant treatment had been found as successful in pneumonia as active treatment and blood-letting. He also mentioned that an old and intelligent country physician had made the remark to him that, according to his observations, the type of pneumonia had entirely changed during the last forty years, and that with this change he had been obliged to change his treatment; whereas he used always to bleed, now he never did.

Dr. Slade said that Dr. Stokes, of Dublin, had not bled in pneumonia for twenty years.

In reply to a question, Dr. Bowditch said that the treatment at the Massachusetts General Hospital was according to circumstances, viz., active treatment, bleeding and antimonials; or expectant, simply.

Dr. Buckingham mentioned a case of pneumonia and pleurisy, in which the "let alone treatment" had been pursued, and which lasted from the middle of August to the first of October. Depletory measures could not be made use of. The pneumonic symptoms lasted four weeks. No tubercular diathesis or predisposition, Dr. B. objects to counter-irritation in acute thoracic disease, never having been satisfied as to its beneficial influence.

SEMINAL EMISSIONS.—Dr. CABOT had used lupuline, in half-drachm doses two or three times a-day, with good success in cases of seminal emissions. Cold baths taken merely as a 'dip' he thought did harm, but when prolonged sufficiently to chill the parts were certainly beneficial.

Dr. Buckingham had seen patients who tried to cure themselves by a strict regimen of diet and sleep, but he had always advised an opposite course. In his cases oxalate of lime had usually been found in the urine, and such patients had been relieved by citrate of iron. In patients worn down by excessive venery, he had found strychnia useful. He usually advised the removal of books on the subject of onanism, and did not recommend coitus or the avoiding of female society. The "spermatorrhœa ring" he thought more likely to produce seminal emissions, by irritation, than to cure them.

Dr. Slade thought the "ring" sure to arrest the emissions, if kept on. Intercourse, to be of service, must be regular. Oxalate of lime found in these cases was owing to the state of the patient's general health and the affection of the brain which accompanied it.

Dr. Bacon said that Donne had thought the presence of oxalate of lime in the urine diagnostic of seminal emissions. This was well known now not to be the fact, but to depend, as Dr. Slade has said, upon the condition of general health, and the nervous derangement of the patient. The deposit is most frequently found after changes of temperature in the summer season.

Dr. Buckingham said that in the last two cases where he had observed oxalate of lime in the urine in connection with seminal emissions, the patients were stout and robust. Their attention had been recently called to their condition, but it was accompanied by no depression of nervous energy. Dr. B. mentioned a case where zoosperms had been found in the urine of a woman 8 months advanced in pregnancy, and thought that half the time when found in the urine they were the result of a natural evacuation.

Dr. Williams said that in a case of his, relieved by a combination of lupuline with ergot, the patient was an officer in the army and took a very rational view of his case. He was consulted as to the expediency of cauterization. He did not recommend it. Strychnia had been tried without success, but the lupuline and ergot were effectual.

SUDDEN FORMATION OF CATARACT.—Dr Cabot mentioned the following instance: A girl, 16 years old, was operated upon by him for strabismus. The result of the operation was good, and the vision perfect for four days after. In the night of the fourth day she had great pain in her eye-ball, and woke up on the fifth day with well-marked cataract. She was of a scrofulous diathesis.

LEMON JUICE AS A SEDATIVE TO THE PAIN CAUSED BY PASSAGE OF BILIARY CALCULI.—Dr. Bowditch had used this with great success in a case under his care. Formerly the paroxysms of pain lasted a day or two; since its exhibition the patient has none at all. He supposed the action to be similar to that of the nitro-muriatic acid bath. The similarity between the symptoms of duodenitis and those of biliary calculi was remarked upon, and the relief which lemon juice causes in that disease was alluded to.

PECULIAR EFFECT OF CHLOROFORM.—Dr. E. H. Clarke mentioned this case, which occurred in the practice of another physician. A girl, 20 years old, inhaled chloroform for the purpose of having a tooth extracted. She recovered apparently from its influence, and walked home the distance of a quarter of a mile.—Her conversation was however incoherent, and her gait unsteady. Soon after reaching home she became paralyzed, losing both sensation and the power of motion. The skin was cold and pale; respiration *saccadic* and the pulse feeble; no rigidity of the mus-

cles. She came out of this state, and then became furiously insane, together with which were constipation and deficient secretion of urine. This condition of things lasted from a week to ten days, and then her usual health returned.

CLAY-COLORED FÆCES WITHOUT DEFICIENCY IN THE BILIARY SECRETIONS.—Dr. Ellis mentioned an instance where the discharges were clay-colored for some time previous to death, and at the autopsy the fæces in the upper part of the intestine were yellow, and in the lower part white, showing that the secretions of the intestine are as necessary to give the natural faecal color as the bile itself. Dr. E. remarked upon the importance of this fact, as in such cases it is the liver that is always blamed, when very possibly it may be the intestines that are at fault.—*Boston Med. Jour.*

SOME REMEDIES FOR STOMACH DISORDERS.

BY GEORGE BUDD, M. D.

[In the 8th lecture on disorders of the stomach, Dr. Budd makes some useful remarks on the use of the mineral acids in various kinds of indigestion. But these have been so well treated of by Dr. Prout and others, that we will here only give Dr. Budd's remarks on *vegetable bitters*.]

Quinine, and the bitters generally, are especially grateful to persons who have injured their stomachs by hard drinking. With such persons they improve the appetite and strengthen digestion, and have a bracing effect upon the system at large.

In persons exhausted by over work, or wherever weakness of the stomach is the result of general debility from other causes, they often do much good in the same way—*by improving the appetite and strengthening digestion.*

They do harm in the organic diseases of the stomach; in plethoric states of the system; and generally where there is a furred tongue, or where the urine throws down a sediment of lithic acid, or of lithate of ammonia. Their most striking effect is, to improve the appetite, when this has been impaired from hard drinking or from over work, or from nervous exhaustion from other causes; and the best time for giving them is from half an hour to an hour before meals.

The different bitters have not precisely the same effect. Columba has a sedative influence not possessed by others, and probably on this account has had a wider reputation as a remedy for mere indigestion. Gentian and chiretta (which is of the gentian tribe, and is much employed by practitioners in India) tend to increase the secretion of the liver, or, at any rate, do not impede the secretion

of the liver, which quinine and quassia seem often to do. They are, therefore, better suited to bilious persons and to those cases of indigestion where the secretions of the liver are defective.

The different preparations of steel are especially useful in the indigestion that occurs in chlorosis, and generally where weakness of the stomach results from anæmia. They do harm in plethoric states of the system, and generally where there is furred tongue; or where the urine throws down a sediment of lithate of ammonia or of lithic acid.

The citrate, or ammonio-citrate, is the most agreeable preparation to the taste, and generally the most grateful to the stomach. If there be any disposition to sickness or nausea, or any tendency to furring of the tongue, it may be given in conjunction with bicarbonate of soda or potash. This makes a mixture having much the same effect as Griffith's mixture—the *mistura ferri composita*—and far more agreeable.

The muriated tincture of iron is more astringent than the other preparations, and may be given in conjunction with dilute muriatic acids, in the forms of indigestion suited to this latter medicine, when these exist in states of anæmia.

The sulphate of iron, like other metallic sulphates, has a tendency to cause sickness, and should not be given in cases where a disposition to sickness exists.

Steel medicines do good by improving the quality of the blood rather than by their immediate action on the coats of the stomach, and are best given at meal times. They then are mixed with food, and gradually absorbed with the products of digestion, and are less apt to offend the stomach and to cause head-ache than at other times.

Whenever steel medicines are given, it is essential that a regular action of the bowels be kept up. These medicines tend to confine the bowels and to cause evolution of sulphuretted hydrogen in them; and, unless this tendency be counteracted, they are apt to furr the tongue and cause head-ache.

The choice of purgatives is a very important matter in stomach disorders. The different purgatives exert their chief action on different portions of the intestinal canal; some excite the secretion or the peristaltic movement of one part, some of another. In disorders of the stomach and bowels, where a purgative is required, care should therefore be taken to select those which are least prone to irritate the injured or disordered part.

Castor oil, for example, offends the stomach, but acts very mildly on the large intestine. It should not be used in stomach disorders, or where, from any cause, a tendency to vomiting exists; but is better than any other purgative in dysentery, or during convalescence from typhoid fever, when the intestines are ulcerated.

and in various other conditions where a speedy and sure purgative, and one not apt to irritate the large intestine, is required.

Senna acts chiefly on the small intestine, and, besides exciting its peristaltic action, increases the secretion from its mucous membrane. It acts, also, on the liver, increasing the secretion of bile. In conjunction with a few grains of calomel or blue pill, it is, as every one knows, one of the best purgatives in bilious states of the system, or where an evacuant is required; but in mere disorders of the stomach it is often objectionable, from the tendency it has to cause sickness.

The best purgatives in stomach disorders are aloes and colocynth, which exert their chief action on the large intestine. These medicines may do much harm when the large intestine is ulcerated or inflamed; but in simple ulcer of the stomach, and in the most severe functional disorders of the stomach, they may generally be given without causing either pain of the stomach or sickness. In some kinds of functional disorder of the stomach, aloes seem, indeed, like other bitters, to improve the appetite and strengthen digestion.

Aloes appear to act more exclusively on the large intestine, and irritate the stomach less than colocynth, and hence, in stomach disorders is generally preferable to it.

Where, from the existence of piles, or from pregnancy, or some other condition, these medicines are objectionable, the best substitutes for them in stomach disorders are the saline purgatives, which exert their chief action on the small intestine, and have little tendency to cause pain in the stomach or sickness.—*Med. Times and Gazette.*

INHALATION IN PULMONARY DISEASES.—Inhaling the vapor of iodine and its preparations, with or without kindred drugs, rendered volatile for the purpose, is now becoming in vogue for the relief of pulmonary diseases. The practice is only a revival of Pneumatic medicine as taught and tried two centuries ago, then as now, however, too often empirically. The indiscriminate employment of inhalations is dangerous, and may prove speedily fatal, while a cautious selection of the cases by a competent diagnostician will show that there are examples of diseased lungs in which it may be safely and beneficially employed as auxiliary to other rational treatment. Physicians should give their attention to this subject, and keep inhalation out of the hands of the quacks, some of whom are making fortunes out of it, by advertising this ancient remedy as some new thing, and then treating all cases by the month, for a stipend payable in advance.—*N. Y. Med Jour.*

EDITORIAL DEPARTMENT.

HYDROPHOBIA.

The people residing in various localities around us, have been recently thrown into a state of painful alarm in consequence of the appearance among them of dogs, which, from their conduct, were supposed to be rabid. Rumors of an exciting character were followed by others still more horrifying; animals had been bitten by them that afterwards became rabid; and persons were also bitten, who were expected to go mad. Dogs were killed by scores, and every cur, whose caudal extremity from an unfortunate longitude happened accidentally to fall between the nether extremities, was looked upon with suspicion, and if a little froth or mucous flowed from his mouth, it proved his death-warrant—signed, sealed, and soon executed.

These are the usual concomitants of the cry of "*mad dog*" in community, and yet, from the horrid nature of the disease, it is not to be wondered that the public mind should be tortured to the extremity of fear and excitement, and commit, under this state of things, ridiculous excesses and indiscretions.

We have thought we could not more appropriately occupy our time or space than by offering a few thoughts on the subject. And we do this the more readily, because we are aware there are abroad among the people, and even among some medical men erroneous views in relation to the disease and its prevention.

The poison when introduced into the system is usually through an abraded surface made either by the teeth of the dog or some open surface previously existing, as a wound or ulcer with which the poison comes in contact. And yet it is supposed that the mucous lining of the mouth would absorb poison if brought in contact by a kerchief in wiping the mouth. Of this there are doubts however.

The symptoms are peculiar to itself. There is first a feeling of numbness in the original wound and a tingling sensation proceeding from it along the course of the limb. Sometimes the cicatrix opens up afresh and gives out a sanies discharge, attended

with a hot burning sensation. This constitutes the first stage which may last for several days. This is succeeded by mental symptoms characterised by great depression of spirits, irritability, and an unconquerable fear of impending danger. This is the second stage, and is very soon followed by others of a still more alarming character.

Now there is stiffness of the throat and of the neck, manifestly tetanic symptoms; the attempt at swallowing is done in a hurried and excitable manner, and when done is performed with difficulty. A current of cold air, the splashing of water on the sides of a vessel, or the least noise aggravate the symptoms. This is followed by violent spasms which continue seldom beyond seventy-five hours, and death closes a scene of anguish and suffering beyond the pen to describe.

We have said that we have tetanic symptoms as indicated by the stiffness of the throat and neck. It is then of the utmost importance to be able to make a correct diagnosis. Let us for a moment examine the pathology of each. In hydrophobia there is an abnormal sensibility of the spinal marrow. In tetanus the spinal marrow is *equally* excitable; but in this case, the spasms are excited, and kept up by a constant source of irritation as by an injured nerve or one in a state of irritation. In the former this is not the case, and therefore the spasms will depend upon excitation from without, as for instance a stream of cold air, a sudden noise, &c. The one has its source in the blood, the other in an irritated or wounded nerve. In one there is spasm and then remission, in the other the spasm depends for its return upon circumstances. This is the distinction. There is a condition of the spine similar to that condition of erethism produced by strychnine both in tetanus and hydrophobia according to the opinion of Marshall Hall. In the one case the blood supplies the material for the production of this erethism, in the other the source of excited exaltation is a local one producing its general pathological results. In the one case an occasional exciting cause will awaken spasms, and thus the erethism is momentarily diminished to be soon re-supplied by the material in the blood, in the other it is expended to be supplied through the exciting agency of an ever present irritation of the injured or irritable nerve.

The anatomical characters of this disease are not very satisfac-

tory, for, as Wood says the "brain and spinal marrow are both perfectly sound" in some cases. But in a large majority of cases, according to the observation of others, there is a vascular turgescence of its meninges. But there is an altered condition of the spinal centre, and this change consists in an exaltation of *sensibility* or an extreme *susceptibility*. This is induced by the poison, and doubtless, through the agency of the blood just as the brain is poisoned by certain matters, as from urea, carbon, &c. Each spasm is an excited reflex action, and in this respect M. Hall maintains that it resembles the effects of strychnine.

On this account he avers that death in hydrophobia takes place from *asphyxia*, and that if we succeed in curing the patient, we must avoid the spasm in which there is a paroxysmal closure of the larynx. If the asphyxiated condition can be avoided, then he maintains that the patient has no fear of death. But it will be seen from this, that the indication first would be to prevent spasm, and if we can avoid this, then we also avoid the asphyxia. The one follows the other in the order of sequence; but if the spasm continue, what is then to be done?

The spasm, he says, may be avoided by placing the patient on a spring bed, so as to avoid sudden concussions, and the bed to be surrounded so as to prevent the exciting impressions of cold air. Every current of air, every shake of the bed, and all emotional influences, should be controlled in order that the spasm may be avoided. Now what is to be done if these spasms continue? He recommends tracheotomy, and if this be performed and the asphyxia be avoided, then he asks the question, "Why should he not survive until the poison should be eliminated from the system?" If he would not die of nervous exhaustion—and we would have no fear of this—we cannot ourselves see why he should die from this disease. The suggestion is valuable, and should be adopted as all measures heretofore have proved unavailing, except a few recent cases which were relieved by chloroform.

A case is reported in the London Lancet, for 1848, July, in which chloroform proved effective in a case of hydrophobic mania. A case was also treated by it in Camden, New Jersey, in which it proved effectual. There were strong doubts of this case, however, as the lady affected was subject to hysterical spasms, which it

sometimes simulates, and besides this, there was no certainty that the dog which inflicted the wound was rabid.

The results in the treatment of hydrophobia heretofore, leave us with no hope that any of the remedies which have been used will prove of any value unless the plan proposed by M. Hall or the chloroform shall prove effective on a further and more extended trial. Opium, mercury, strychnia, prussic acid, hellebore, cevadilla, galvanism, electricity, vapor baths, even the poison of vipers, and indeed the whole category of medicines has been run over, and nothing has yet been discovered which is entitled to the consideration of a remedy or to rank as such. Bleeding *ad deliquium*, and the cold bath have succeeded about as well as anything else.

Preventative measures have been adopted and numerous remedies have been used for that purpose. The manner in which certain remedies, secret and known, have acquired a reputation arises from the fact that nineteen out of every twenty dogs which have been reputed as mad and which too have inflicted bites, have not been rabid. Chick weed and the far famed *mad stone* will do as well in such cases as anything else, and because they have proved successful in nineteen cases out of twenty where no rabid virus had been imparted, they were therefore *deified* as remedies. But in cases of true rabid poison they are not only useless but *worse* than useless for the obvious reason that the faith reposed in them induces the injured to rely upon them to the exclusion of remedies which experience has proved effectual. The public mind should be undeceived on this subject, and those journals which reach the populace, should place the truth before them, and save them from being misled by abandoned charlatans and reckless empirics who for a consideration, and that too often very small, are willing to sacrifice the health of their fellows, or cheat them into an exposure of their lives.

If there be good grounds to suspect that a person has been bitten by a rabid dog, the surest prevention lies in excising, as soon as possible, the whole surface exposed. This should be done effectually; the trace of every tooth followed, and the surface injured by it removed by the knife. If a large vessel lie in the way then cut where you can and apply caustic to the balance or in-

ject with the strong solution which will find its way to the entire mutilated surface. The celebrated English Surgeon, Bransby Cooper, than whom there is no better authority, recommends that a strong solution be injected into deep ragged wounds first, before using the knife, as this instrument will find it a guide as it progresses, and then again after this, the solution of the nitrate can be used. If this be done effectually and immediately after the bite, there is very little danger, he maintains, of hydrophobia succeeding. There are cases in which the doubt of the rabid condition of the animal is very strong, and where the person bitten is excitable, physically and mentally, that the operation would be scarcely justified. Dogs will bite often from retaliation, even their masters to whom they are devoted, in which case there is no virus. The animal, however, in all doubtful cases, should be kept alive, but secured, in order to test whether they are rabid or not. If they prove to be so, then we must prepare for the worst, but if not, the minds of both patient and friends are set at rest.

Hydrophobia usually occurs after successful introduction of the rabid poison in from eighteen to ninety days. The time that elapses between its introduction and the symptoms which usher in the attack, is called the period of incubation. Doubtless, in many cases, it wears out, or finally expends itself, in others again, it requires some exciting cause or causes to develop it. It has appeared, it is stated upon good authority, in twelve years after the subject has been bitten, but this is very doubtful. Dr. Wood accounts for its appearance under such circumstances, upon the probability that the poison may have been absorbed by the mucous membrane of the mouth, brought in contact by a handkerchief or the hand itself, from animals not suspected of being rabid.

The subject is a grave one, and does not wholly belong to the medical man. The number of the canine race is vastly increased beyond the requirements of vigilance or the necessities for protection. State and municipal regulations should be adopted to prevent excesses in numbers, and thereby avoid danger. If one of the species be attacked, it then would spread with great rapidity. In towns and cities, dogs are scarcely required at all for protection, and they are *there* required for no other purpose. If in a crowded community where there is but one to every family, and one of

these should become diseased, it would spread with great rapidity, and the consequences might be of the most frightful character. Prudent counsels would suggest the propriety of levying a heavy tribute upon those who will, in view of the dangerous consequences to community, continue to keep upon their premises, an useless, and often dangerous animal.

Excessive heat and cold favor its production, and both of these extremes we have had within the limits of twelve months, and therefore it is not a subject of wonder that numerous cases should appear through the country. In our own city, the *canine* race equals in numbers the population, almost, of the higher race, the genus *homo*, which fact in our humble opinion demands, for more reasons, but of less grave import than those above rererred to, that our "*fathers*" should adopt measures for a speedy reduction of the numbers or what would better comport with the public safety, *a total annihilation* of the race within our limits.

THE PRACTICE OF DRUGGING CHILDREN.

We commend the following, found in the New Hampshire Journal of Medicine, to the attention of our readers, and would wish it could reach the fireside of every home and hamlet in the country, and there meet the eye and arrest the attention of every mother and nurse.

We are pained to acknowledge the fact, that excessive drugging is not confined to the above. Medical men, although they may not prescribe vile nostrums, are nevertheless but too prone to administer medicines, when dietetic or hygienic measures, if resorted to and relied upon solely, might subdue and control nature in some of her excesses, or bring her back from some of her absent wanderings to duty again.

But let us look into a modern nursery room, and observe what is the routine here. The little mortal being of some eighteen months scratches its little *nasal prominence* in an unlucky moment, when the mother is looking toward it, and she (and perhaps the grandmother too) witnesses the important fact. This proves a most unfortunate and untimely movement on its part, for it is condemned without judge or jury, to the devouring rapacity of *worms*.

or a large share of a bottle of Fahnestock's, McClean's, or some one else's vermifuge. *Nolens volens*, the little being must swallow it, and in addition to the repulsive nature of the dose, it is horrified with the announcement that there are "*snakes in its belly*." Although not a single parasite has been seen in its dejections, which is the *only reliable* symptom of worms, yet it is as clear as the noon-day sun, that the child *is* afflicted with worms because, simply and solely, it has *rubbed its nose*.

Another happens to cough or sneeze to the horror of its most affectionate mother, and soon a large dose of Jayne's expectorant, or some other sovereign remedy, which will almost take out the lungs, wash them, and return them again clean and well within the thoracic cavity, is forced down its throat.

Another whines with the colic, and Godfrey's cordial, Bateman's drops, paregoric, or something else of the kind in which opium is the base, is dosed down to "*cork up*" its bowels and predispose it to diseases of the brain.

What makes this practice the more revolting is, that when it is not necessary it becomes an act of foul tyranny on the part of the parent who, by brute force, compels the helpless and defenceless being to take that which should not be given under any circumstances if for no *other* reason, the very obvious one that the composition is not known. And this tyranny is perpetrated by its own mother who should not only have an affection and sympathy for her offspring, but intelligence and knowledge with it to be able to protect it from harm.

For the sake of these poor defenceless little beings, if for no other reason, these accursed nostrums should be suppressed by the potent arm of the law. If adults will guzzle down these vile cheats, to their own manifest injury, let them do it, but let the child unable, because too feeble to protect or defend itself from such outrages, be saved from them.

Let mothers learn to give their children fresh air, simple but nutritious food, encourage them to exercise, allow them to bask in the sun, for they need it as much as the plant, send them to bed early and require them to rise before the sun shall have surmounted the eastern horizon, and then to their bath, and our word for it they will have little occasion for the physician, and less occasion

cess to the favoring influences of their fortune, their destiny, or their star.

But a clearer investigation into the nature of their pursuits, in the dawning period of their greatness, makes it very manifest that their fortune and their destiny were of their own carving, and their star, of which it sounded well for purposes of policy to speak, was but the student's lamp, fed to meteor brightness by vigilance and unwearying application. And all the ability, the tact, the knowledge, the ready preparedness, which looked like intuition, and was often regarded as inspiration, were but the natural fruits of a system of training and self-cultivation, which it was, I believe, the part of true genius to plan, and still greater genius to persecute so thoroughly.

Your ears may weary now with the repetition, and your hearts faint at the prospect of the unceasing activity and labor that I enjoin upon you. But bear in mind, that you will find this to be in reality no infliction. And if you were looking merely to your own happiness and enjoyment, rather than to the influence that you may be enabled to exert for the good of others, you should be induced to follow it. The range of study before you is large—and herein lies its greatest attraction that you can never exhaust it."

HUMILIATING.

Quem Deus vult perdere, prius dementat.

"*The University of Michigan* would seem to be doomed. As one of the first fruits of placing a mediocre at its head, and a disciple of Hahnemann, at that, who dubs himself "Chancellor," in his characteristic arrogance; we now learn that the Legislature of that State have appended a Professorship of Homœopathy! to the faculty of the Medical School! If the other teachers, thus insulted, do not resign forthwith, their personal status in the profession, as well as that of their school, will speedily be defined. We congratulate Dr. Allen on his escape, for a 'private station is surely the post of honor, when evil men bear rule.' Clairvoyance and Spirit Rapping should next be inaugurated."

The above we find in the "*American Medical Gazette*." We concur with the editor in the opinion that such acts are humiliating to the profession, and not humiliating *only*, but outrageous and monstrous.

This comes of the government by non-medical men of the department of instruction in medical institutions. In its financial or civil condition, it may be well enough, but the fitness of men, as

medical teachers and instructors, can be judged of most correctly by medical men themselves.

There are those who are good physicians, with a large amount of practice and possessing much practical tact who do not possess the necessary qualifications for teachers. Besides other necessary requisites, the applicant should possess sound morals, and be endowed with a large share of the principles of honor and integrity. The example of one who, by his conduct contemns these, tends to weaken and corrupt the moral sentiments of young men upon whom they look for instruction in medical science. A loose and careless expression, or a single sneer of contempt for morals and virtue might exert an unhappy influence upon the minds of those whose characters are not yet fixed nor confirmed for good in after life. One single individual in the faculty of a school devoid of principle, of honor, or honesty, is calculated by his acts and his influence to poison its existence and cause it to decline during his connexion with it.

At the present time when our country is overrun with empiricism embracing its various aspects, features and phases, it is not surpassing, although much to be deplored, that advocates for the different systems should be found in legislative halls. Although they may differ in the peculiar faith among themselves, there is one particular in which they do agree, and that is in *an uncompromising hostility to the regular system*. The life-blood of each depends upon the success with which they can create popular prejudice and even indignation against it.

In Michigan, they have established, upon a liberal endowment, a university, and here are taught the various branches requisite to a professional scholarship. Suppose some one member of the legislature would move to instruct the trustees to dispense with some of these branches because of the absurd (to him) fallacy that the earth was a sphere, while, to his comprehension, it was plain, that bating a few irregularities upon its surface, it was as flat as a "*pancake*." With the same show of propriety and intelligence they could recommend the establishment of a chair of Homœopathy.

With just as much consistency, wisdom, and justice, would the trustees of any theological seminary in the country, create a de-

partment for the elucidation and discussion of the sublime truths of Mormonism, Millerism, Fanny Wright-ism, infidelism, or any other *ism*, and place conspicuously in the library the Mormon Bible—the infidel productions of Paine, Voltare, and others.

Would the learned and pious men of such an institution longer remain where such heretic and false dogmas were forced into the curriculum of the studies in a Christian institution? If they were sincere in their faith, they certainly would not, but would fly from it as if a deadly pestilence had entered its halls. Honesty, honor, duty, a decent respect for their professions, and a regard for themselves, would forbid that they should witness the sacrilege; and so also should the Faculty of the Ann Arbor School of Medicine. They cannot consistently or honorably remain, for such a heterogeneous commingling would degrade the profession from its high position and attain it with dishonor. They should not witness the sacrilege no more than a true Christian would look upon the performance of some of the solemn and sacred ordinances of the Christian church by the hands of one who had cast a foul aspersion upon the Christian faith and belief, in lauding the infidelic writings of Thos. Paine upon the birth-day anniversary of that distinguished champion of materialism and infidelity.

An attempt was made during the last session of the Legislature of *this* State, to procure the passage of a law, which would have resulted in the disorganization of the Medical Department of the State University. In order to success in the accomplishment of this plot, it was covered up under the deceptive and hypocritical garb of friendship for the institution. No honorable member would have been found who would have proposed the plan, unless he believed it was to promote its interests, and consequently it was made in good faith by him to whose hands it was entrusted. He said he was assured that it was for its benefit when asked to urge the proposition. The dark plot was discovered, however, and crushed in its germ by the wisdom and sagacity of those who, knowing well who was at the bottom of it, and for whose benefit it was to enure, suspected the motives, and hence they scouted the proposition.

The design was to deny the Faculty even the poor privilege of nominating competent men to fill vacancies when they should occur

and also to appoint a Board favorable to certain interests. The Legislature believed that the Faculty were more competent to select their associates than non-medical men, and even if they were not, they should not be forced to take among them individuals with whom a decent self-respect would forbid that they should act and co-operate.

Some such dark spirit, doubtless, was the mischievous agent in the recent disgraceful movement in the Michigan Legislature who, because his want of merit lay in the way of the gratification of his unhallowed and mercenary ambition; who, because his standing would give him no claim to enter the door by the sun-light of day, sought this under-current mode of destroying its usefulness, and its bright prospects in the future. We have learned to loathe such beslimed reptiles, whose malignity and hypocrisy is equalled only in intensity by the bright greenness of the grass in which they are concealed, and in which they creep. A darkling envy for the position and prominence of the incumbents of the respective chairs, and a consciousness of inferiority when compared with their virtue, merits and standing, doubtless prompted the base design of destroying that in which their own demerits denied them an honorable participation.

THE following poem, which was written by a gifted poet and friend, we commend to the attention of our medical readers, although it first appeared in a secular paper. We are not made aware whether he had exhausted all the various therapeutic remedies before appealing to the *furies* as he is silent with regard to *colchicum*, *lemon acid*, *opium*, or *cotton-wool*. We are not too certain but that our talented friend is not somewhat addled with some of the *isms* in medicine, and when afflicted has neglected the most successful mode of relief. When that "*H—I o' a' diseases*," as he appears to regard it, assails him again, in his prayers let him place the above weapons in his magazine when he makes his onslaught.

Mr. Coggeshall refers to it in the following language:

"The following poetical anathema, from our brother bard, ROUSE, against the rheumatic pains—not the *room-attic* panes of

poets, particularly, we suppose—must have been perpetrated under the most *inflammatory* provocation, for it is fiercer than a plaster of Spanish flies. Reader, remember that, if this is fun to you, it was frenzy to him."

RHEUMATISM.

BY E. S. S. ROUSE.

Rheumatism ! dreadful ism !
 Fierce, tormenting, physical schism !
 Demons take thee,
 Furies rake thee,
 Thunders shake thee,
 Doctors break thee,
 Plasters make thee
 Quit thy ach-ee, ach-ee, ach-ec.

Do thou leave me !—don't decieve me,
 Neither longer stay to grieve me,
 If thou dost, then may thy ghost
 In Tartarians' furnace roast ;—
 Harpies sieze thee,
 Witchies tease thee,
 Imps displease thee,
 Pluto squeeze thee,
 Boreas freeze thee,
 Nothing ease thee,
 Good forsake thee,
 Ills o'ertake thee,
 'Till they make thee
 Quit thy ach-ee, ach-ee, ach-ec.

Unrelenting, cruel foe !
 Do relieve me, let me go !
 I detest thee,—do not stay !
 Fly thou from me far away !
 If thou art not dead to shame,
 "Quit, O quit this mortal frame !"
 Hie thee hence, to whence thou came,
 Vengeful fiend of hateful name !
 If thou wilt not go, I 'll drive thee ;
 In the devil's name I 'll hive thee,
 Turn the key and bolt the door ;
 Rouse the fire and make thee roar ;
 Tell old Beelzebub to smoke thee,—
 With the brimstone poker poke thee ;

Genii daunt thee,
 Goblins haunt thee,
 Grim Cerberus rise and flaunt thee ;
 Spirits smite thee,
 Mad dogs bite thee,
 Pleasures slight thee,
 Doctors fight thee,
 Evils smite thee,
 Agues shake thee,
 Horrors quake thee,
 'Till they make thee
 Quit thy ach-ee, ach-ee, ach-ee.

A BENEVOLENT ENTERPRISE.

The highly gifted Bayard Taylor, in traveling through Palestine, describes many interesting features of the country, and various incidents connected with his travels, which he gives in his glowing letters. Among the ancient and *peculiar* institutions of that land, he places the following in the *cat*-egory and *prominent* among the others. This may prove a curiosity to our medical friends who would doubtless be much gratified with the character of the clinical instruction to be gleaned within its walls. He describes it as follows :

“HOSPITAL FOR CATS AT ALEPPO.—The other remarkable thing here is the hospital for cats. This was founded long ago by a rich, cat-loving Mussulman, and is one of the best endowed institutions in the city. An old Mosque is appropriated to the purpose, under the charge of several directors ; and here sick cats are nursed, homeless cats find shelter, and decrept cats gratefully purr away their declining years. The whole category embraces several hundreds, and it is quite a sight to behold the court, the corridors and terraces of the Mosque swarming with them. Here, one with a bruised limb is receiving a *cataplasm* ; there, a *cateleptic* patient is tenderly cared for ; and so on, through the long *concatenation* of feline diseases. Aleppo, moreover, rejoices in a greater number of cats than ever Jerusalem. At a rough guess, I should thus state the population of the city : Turks and Arabs, 70,000 ; Christians of all denominations, 15,000 ; Jews, 10,000 ; dogs, 12,000, and cats, 8,000.”

BIBLIOGRAPHICAL NOTICES.

ERROR OF POSITION.

This is a pamphlet published at Nashville, Tennessee, by some one who styles himself Prof. Milo, which we presume is equivalent to an anonymous signature. Its pages are ornamented with an obscene cut, representing an individual looking backward with his head down between the thighs,—usually a very unfortunate position, but doubtless a natural one, if the cut be a delineation of the author himself. *Other* structures, than those believed to be the instrument of the mind, are here represented as most prominent, between which, and the production before us, there is certainly a natural relation. We would expect such an emanation from such a *source*. Lot's wife was said to be looking back when she was transformed into that which should remain as a monument of her disobedience, and like it, this cut will not only perpetuate his refined and classical taste, but his vanity and folly.

If that pamphlet was written by a member of the profession, it insults and disgraces it, and the author should be allowed hereafter an oblivious obscurity. We would enquire of our brethren of Nashville, whether there is a Lunatic Asylum in the State, in which, if the author were to find a place, there would be no "*error of position*?"

STARLING HALL—COLUMBUS, OHIO.

We have received numerous letters of enquiry, from time to time, in relation to institutions where the insane can be treated. As there is yet no Asylum erected in this State, and as some two years must elapse before the provision made by the last Legislature can be enjoyed, time will thereby be allowed for recent and curable cases to become confirmed, and perhaps incurable. Immediate provision should be made for such; but the enquiry will be, how this is to be accomplished. The States around us have their Asylums, and they have their unfortunate insane too, and in

some of these States in greater numbers than they have adequate provision for. We must, therefore, turn to some private means or provision, and we know of none at present which promises so much as "Starling Hall," Columbus, Ohio, where Dr. Patterson has made comfortable arrangements for the care and treatment of a few insane females of other States than Ohio. Dr. Patterson was formerly Physician to the "Ohio Lunatic Asylum," and late Physician to the "Indiana State Hospital for the Insane." He has spent ten years in the treatment of insanity and nervous diseases; and, being an accomplished medical man, and a gentleman of philanthropy, we can most confidently recommend "Starling Hall" to those who desire a place for their unfortunate relatives or friends until arrangements can be made for them at home in our own State. Further information will be promptly given by application to Dr. Patterson, at "Starling Hall," or the Editors of this Journal.

Report of Sanitary Commission of New Orleans on the Epidemic Yellow Fever.

BY E. H. BARTON, M. D.

This is a work of over 500 pages, and is most interesting in its details, cogent in its reasonings, and conclusive in argument. It is the result of much labor, observation and experience, and in all respects it is one of the most interesting works which we have recently perused on the subject. The author enters into an investigation of the causes of yellow fever, and maintains that if the remedies for prevention "be seasonably applied and rigidly enforced, will not only forestall and prevent yellow fever, but from propagating should it be brought here from abroad."

He maintains that there are two causes for the yellow fever—the one, celestial or atmospheric, the other terrene or the noxious effluvia found on the surface or emanating from the soil. The last, he also maintains is most active and potent in its origination, propagation, and malignancy. But neither of these causes *alone* is competent to the production of the disease, for often and repeatedly has the sanitary condition of New Orleans been such as to furnish sufficient *pabulum* for the disease; and yet, for want of that meteorological condition, embracing solar heat, great saturation and high temperature, with a peculiar direction of the winds,

the life and character of the author, we were pained to find so much to condemn and so much to deprecate in his career. From his own confessions he must have been a man of vanity, ambition, acerbity, vindictiveness and violence. These dominant feelings led him to assail the very best men of the profession of that day, because, it would appear, they would not, because they conscientiously could not favor his mad schemes of ambition and self-aggrandisement. The next step was disorganization, and this feature which makes itself manifest upon a perusal of the work, was an unfortunate one in his character.

Many years ago, after perusing his notes upon Cullen's work, we formed this opinion of the man. He attacked the work with such a ferocity, and so severely exposed its fallacies, that we thought he would consider it an easy task to furnish some better system instead. But although he proved competent to the work of destruction, he did not essay even to rebuild. To wipe out Cullen was to leave the ground unoccupied; to annihilate his opinions and doctrines, was but to leave a blank.

But if he was ambitious, and if indeed it proved a ruling passion with him, he was a man of talent and acquirement. Unlike many others, then and now, who were and are drunk with an ambition so powerful as to still all conscientious scruples of honor or principle, and are at the same time skimming along on a smooth surface but without a single substantial claim to talent; he was, however, a learned and accomplished physician. He had claims to prominence, because of his ability as a teacher and writer; but his vaulting ambition for still higher positions and power, overwhelmed him in difficulties and thwarted his designs. His was no modest merit, but so anxious was he for distinction, that he was not satisfied with a silent acknowledgement, but required an open public avowal of it. But amid all, he was a high-toned gentleman, whose aspirations were too lofty for the perpetration of a low, dishonest, or dishonorable act, however much it might result to his own benefit. His aim was high and his spirit lofty, if indeed he manifested too much of anxiety to attain to the mark and secure the prize.

The work should be read by every medical man, so that his virtues should be remembered to be imitated, and his follies avoided

and forgotten. It is published by Lippincott, Gambo & Co., Philadelphia, and is neatly executed.

WE have been furnished, by the author, with a table of Urinary Deposits, with tests Microscopical and Chemical. This is a very useful table, and is the result of much labor and close observation. It will be useful for reference, and particularly valuable to the student. Dr. King, of Cincinnati is the author and deserves much credit for this valuable contribution to medical science.

CASES OF POLYPUS OF THE WOMB. By WALTER CHANNING, M. D., Boston.—This is an interesting little pamphlet in which are found thirteen cases, with details of treatment. He maintains that “*polypus is not a malignant disease*,” and not necessarily fatal. He maintains that the division of polypus into *concealed* and *extra uterine* is very important, as it would necessarily modify the practice. Dr. C. is a fine writer, is peculiarly racy and highly descriptive in his style. This pamphlet should be in the hands of every medical man who aims to keep himself posted on this department, and there is no one in general practice who should not.

Rand's Medical Chemistry.

This little volume, of 250 pages, has been received, and upon examination we find it to be what its author, B. H. Rand, A. M., M. D., Philadelphia, claims for it—an “outline of Medical Chemistry, which outline is to be filled up by aid of text-books or of lectures.”

He first treats of the principles of chemistry: proceeds then to the discussion of Inorganic Chemistry; following this is a chapter on Organic Chemistry, which is valuable to the student in his physiological enquiries and of general reference. Then follows an appendix, embracing a toxicological table, a list of the more common incompatibles, and concludes with a glossary, containing terms and synonyms, making plain what are often to students very difficult to comprehend.

Beginners would find this *multum in parvo* offering a highly useful and valuable auxillary in the progress of their studies, and we take this occasion to recommend it to their considerate attention.

It is very neatly executed, and published by Lindsay & Blackiston, Philadelphia.

American Medical Association.

This Association commenced its eighth Annual Session on the first day of this month at Philadelphia, in the spacious Musical Fund Hall of that City. We have received a sketch of the first day's proceedings, for which we are indebted to the Delegate from the College, Prof J. E. Sanborn.

The Association was called to order by the President, Chas. A. Pope, M. D., of St. Louis, Mo.; Dr. West, of Philadelphia, and Dr. LeMoine, of St Louis, Secretaries.

Dr. Hays, on behalf of the profession of Philadelphia, welcomed the members of the Association to that city in a very cordial manner.

The roll was then called, and, from the length of the list, the Convention was a very full one.

The President, by invitation, addressed the Association. We refrain from any remarks upon the merits of this address, as we shall publish it entire in a future number.

Dr. Hays invited the members to the Pennsylvania Hospital, omnibuses being then in readiness.

A nominating Committee, consisting of one from each State, was then chosen.

VISITATIONS.

They visited Independence Hall, where they were received by Hon. R. T. Conrad, at 4, p. m., of the Fairmount and Girard College. Invitations were given to visit other public Institutions.

A resolution, to go into the election of officers, was laid upon the table.

Invitations were tendered to meet next year at Chicago, Detroit and Nashville.

The Prize Essay was awarded to Dr. J. Trask, N. Y. Subject, "Statistics Placenta Previa."

Committee on Epidemics of Missouri, Iowa and Wisconsin, reported. Ordered to be printed.

A report on the "Hydrometrical state of the atmosphere in various localities and its influence on health," was made by Dr. Hunt.

Adjourned to meet to-morrow.

The evening was spent at the houses of Drs. Hodge, Norris and Bache, where repasts were prepared.

The Iowa Medical and Chirurgical Society

Will hold its next Annual Meeting at Keokuk, on Wednesday, the 14th of June, 1855, commencing at 10 o'clock, A. M.

J. HOWES, R. S. Sec'y.

Medical men, who have interesting cases in Surgery, will please report them to the undersigned, Chairman of the Committee on Surgery.

Please address

J. C. HUGHES, M. D.,

Chairman Com. on Surgery,
Keokuk, Iowa.

April 27th 1855.

We hope to see a large assemblage of medical men of the State at our State Medical Convention, to be holden in this place in June next. We are glad to perceive that in other States, there is a growing interest in these State organizations, and we are the more and better pleased that the transactions are so fruitful in their results to the cause of medical science. When we receive these printed reports of their doings, we infer that the profession of those States is in the line of progress, and that the members are determined not to be behind the age of science. It is a true test of an emulous spirit, and an evidence of their prominence when these reports come laden with an assemblage of facts. Those States without an organization of the kind are looked upon as under some dark cloud which obscures them from the sun light of science, for we hear nought of them, and per-consequence conclude they are dragging behind and far in the rear. Such is the natural and inevitable conclusion.

Since the organization of our State Society, several reports have been made of our doings, which have been extensively noticed in the journals, and in a manner highly flattering to the profession of this young State. Recently the "American Journal of Medical Science," of Philadelphia, noticed them at length, preceded by some pertinent remarks upon the advantages of such organizations.

We say to our friends come up to the next meeting laden with the fruits of your labors of the past year and contribute to the richness of the repast which we hope is in store for us all. Come one and all and renew to our medical friends abroad the assurances of our continued efforts in the great work of improvement, and that

here west of the Mississippi, medical science is being cultivated with an ardor and devotion which will entitle us to a prominence and conspicuity in proportion to the number and value of our contributions to its advancement.

Let us then come together animated by considerations of respect for our exalted calling, compare opinions and give to each other the results of our experience. It is said there is strength in union, but how can we be united unless we meet one another and by that means arrive at a knowledge of each other. There is zeal among the members of the profession of our State, talent too of a high order, and acquirements extensive and liberal. Come then and swell the society in numbers, and give it character by substantial contributions to its transactions.

Dr. Kirtly Ryland.

This gentleman has permanently located in Moline, Rock Island County, Illinois, where we hope his talents and fine acquirements will be properly appreciated by the citizens of that thriving town and of the surrounding country.

Dr. R. is a young man of as much scientific promise as any young gentleman with whom we have the pleasure of an acquaintance. During his stay with us he exhibited talents of a superior order, and acquirements thorough and extensive. He instructed the class of the College in practical Anatomy during last winter, besides delivering a series of lectures on Medical Jurisprudence to the satisfaction of the Faculty, at whose request the task was undertaken, and also to the edification and gratification of the class. He is a fine writer, several of his communications having appeared in this Journal, and copied extensively in our eastern and southern medical periodicals.

We ask of the profession in that region, that attention, respect and confidence in his favor, which a learned and accomplished young physician merits and should receive, when he launches his bark in strange and unknown waters. He has our best wishes for his success.

THE IOWA MEDICAL JOURNAL.

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NO. V.

ORIGINAL COMMUNICATIONS.

CASES IN PRACTICE.

BY D. L. M'GUGIN, M. D.

Professor of Physiology and Pathology in the Iowa Medical Department.

The attention of the profession was called some fifteen or twenty years since, to the propriety of the use of inhalations of iodine in phthisis, and there were many well-attested cases of its efficacy. This practice was doubtless suggested by the use, for a long time previous in pulmonary diseases, of the inhalation of the vapors of burning tar, which had become a domestic remedy; and reports of miraculous results were so frequent, and apparently so well sustained, that medical men were led to examine into its efficacy, and very many to prescribe it. The beneficial results following the use of the warm water vapor in tonsillary inflammation, in the anginose variety of scarlatina and other inflammatory affections of the upper air passages, doubtless encouraged a trial in phthisis of the vapor of iodine, in the hope that from the well-known therapeutic powers of that remedy, in other modes of its exhibition, it would favor the absorption of tuberculous matter.

A plan for the administration of the iodine vapor, if I remember rightly, had just then been suggested in the Philadelphia "Journal of Medical Sciences," and an opportunity then offered to me for a trial of its virtues. The case was that of a clergyman, who had all the symptoms of phthisis. The physical evidences left not a doubt as to the existence of tubercles, and of course no hope was then entertained of his ultimate recovery. But his cough

and other symptoms were so distressing that our thoughts were set actively in motion in the pursuit of some means of mitigation and relief. I seized upon the vapor of iodine, and proceeded at once to carry it out into practical fulfilment. For this purpose an apartment, the demensions of an ordinary bed frame, was temporarily partitioned off from that adjoining the one in which he lay, and a lounge placed into it, on which he reclined.

The fixture for the production of the vapor was made of a hoop of sheet iron ten inches in diameter, from the lower edge of which extended down strips, reveted on, to answer as legs and long enough so that when the hoop was raised from the stand, a spirit lamp could be introduced, while on the upper side a dish was to be placed half filled with warm water. Above, and over this, a vial was suspended, from the mouth of which a woollen thread protruded and hung below the base of the vial, constituting a kind of syphon, and from the lower end a drop was intended to fall every second into the water in the dish, in an active state of ebullition from the heat of the spirit lamp below and under it.

Very soon the small apartment was filled with vapor strongly impregnated with iodine, and when in this condition the patient was introduced into it and remained from twenty to thirty minutes. At first it was used but once a day, then twice, and after a time, because of the relief afforded, the patient asked that it be exhibited three times in that period.

In a few days after he began its use, his cough was less harrassing, the sputa diminished in amount, his breathing as yet not much slower was nevertheless easier, his voice improved to a tone of more compass and a better resonance, his appetite and digestion also amended.

A persistence in its use resulted in still further relief to the cough, the breathing now was slower, the muco-purulent matter diminished in amount, and the expectoration was now attended with but little effort, the soreness of the throat was relieved, the occasional rigors, fever, and colliquative sweats, had disappeared in a month, and his strength was so much improved as to enable him to leave the house and take exercise in the open air.

He yielded to the urgent solicitations of the friends of a deceased person to preach a funeral sermon, and a deep sense of religi-

ous obligation impelled him to undertake the task when the temperature was low and the atmosphere humid. The symptoms returned with increased violence; and although from that time he sank rapidly, yet he derived much relief from the use of the inhalation of the iodine vapor. When from prostration he could expectorate only with great difficulty, the vapor would stimulate the pulmonary power to greater activity, and expectoration would take place and temporary relief follow. The appliances for the production of the vapor were now brought within the curtains of the bed, and these closed.

Subsequent reflections upon this case have led me to hope that, had this exposure been avoided, the patient put upon the use of cod liver oil, and the vapor persisted in, that recovery was not impossible and a cure might have been effected. But we knew nothing of this valuable means of furnishing pabulum to the blood and nutrition to the tissues at that time. He was much emaciated, and such was the condition of the stomach that digestion was imperfect and therefore an insufficiency furnished for nutritive assimilation.

I have thus given the history of this case, which I have never since lost sight of, in the hope that others may be induced to make trial of the inhalation. It must be remembered, however, that I did not overlook the happy influences of water vapor at the time being conjoined with, and materially modifying, the iodine vapor. Where they can be used conjointly, it is better than when the iodine is used alone, as the water vapor dilutes the former, and there is usually less irritation produced upon the mucous lining of the bronchia. Recently, inhalations of vapor (and even in the form of finely levigated powders) has been introduced and is now practiced by many with manifestly good results.

I will now relate a case of more recent date, the history of which and the results, are not only interesting but very encouraging.

In December last, I visited a gentleman, about 40 miles distant in the country who had been confined to his house for some months previously. According to my notes, which I recorded at the time in my "visiting list," the following were his symptoms:

Marked dullness in the sub-clavicular and in the superior scapular regions. There is dullness indeed over the whole right breast,

but particularly in the above localities. Normal resonance over left side except slight dullness in the clavicular portion. Auscultation shows loud mucous rale over the right breast, but under the clavicle there is gurgling and pectoriloquy. There are slight puerile manifestations on the left side. The muco-purulent expectoration was abundant and the cough troublesome. There had been rigors followed by fever, and occasionally these were succeeded by profuse sweats. There were some dyspeptic symptoms, but as yet no diarrhoea. The respiration was 30, and the pulse 100.

Dr. Baily, of Vernon, in this State, who felt a lively interest in this case, accompanied me to the residence of the patient, two miles distant from the village. He was fully satisfied of the correctness of the above record, and felt to regret that the disease had advanced so far as to be beyond probable recovery. Indeed few there are, who would have felt otherwise, for there was little prospect of relief from any course of medication, except the alleviation of the more painful symptoms. Such was the prevalent opinion, that upon my return to the village to partake of his hospitalities for the night, his intelligent lady remarked to me that "this time your journey through the cold will be of non-avail."

Hopeless as the case appeared, I nevertheless determined upon a thorough trial of the cod liver oil and the iodine inhalations. I ordered the oil in the usual doses, and directed that it should be each day increased in amount. A pure article was procured, and he commenced its use. I directed a sponge to be saturated with the tincture of iodine, and placed in a glass tumbler, and kept in the neighborhood of his face during the day and upon his pillow at night. In this way the air was qualified with its vapors all the while, and at each inspiration, he would inhale small portions. He was also directed to use a liniment prepared by triturating iodine and adding gradually cod liver oil until ultimately mixed. The formula was iodine 3ss to oil ʒi. This to be rubbed over the right breast once every day.

He used two bottles of the pure oil, and then procured two others which were found to be impure. The effect was manifestly very different from that produced by the first he had taken. The patient himself, under the use of the first, felt that he was gaining, but while taking the latter, he found himself retrograding. So

soon, however, as he recurred to the use of a pure article, he immediately spoke of the change in his feelings. I mention this instance to show, as far as a single one will go, that the opinions entertained by some that there is as much remedial power in one oil as there is in another, are not well founded. The spurious oil above referred to, was doubtless lard oil freed from its stearine to which a little train oil was added to render it fishy in taste and smell.

He persevered faithfully in the plan of treatment, and slowly and steadily improved. The following extract of a letter dated April 3, 1855, from Dr. Baily, gives the following account of his case up to that time :

"I know you will be pleased to hear that your patient, Mr. Davis, is improving quite rapidly, and bids fair at present to enjoy pretty good health. He believes now that he will get well. He has used six large bottles of cod liver oil in addition to those he used before procuring the spurious article. His faith in it is so strong that he wishes me to procure him four bottles more. Every one acquainted with him is surprised at the improvement which has taken place in his case."

More recent intelligence is even more gratifying as he continues to improve, and is every day visiting his friends in the neighborhood and says he is nearly well, almost free from cough and all the other unfriendly symptoms.

Before concluding this article, which was chiefly designed to encourage the profession in the prosecution of the treatment of phthisis, even when from the aggravated character of the symptoms, any plan would promise but little. Bennett, in his excellent treatise upon tuberculosis, gives a number of cases in which there were recoveries under most unpromising symptoms. Dying subsequently from other diseases there were found in the lungs the traces of former tubercles by the cicatrices and the deposition of calcareous matter after absorption. These facts are sufficiently numerous to encourage to continued trial, however forbidding and unpromising the cases may present themselves.

A passing glance at the pathology of tuberculosis will show the propriety of the plan of treatment so strongly urged by Bennett, and others with the addition of inhalation of iodine vapor. It must

be very brief, for our space or time will not permit a more lengthy discussion, although upon a subject of so much importance.

It is maintained that phthisis is hereditarily transmitted, and all experience is in proof of the position. It is said that the *predisposition* is transmissible, and here at the threshold of the investigation an enquiry will arise in what this predisposition consists, or in other words, what is it? This is called a hereditary quality, but what is it? Is it a simple proclivity or tendency to this disease? Is it an inherent quality, or is it that the whole organism is operated upon by exterior influences resulting in the production at the time of a certain class of phenomena? This may be said of many other ailments; but here is a disease to which all are not obnoxious, and yet transmissible in its quality. It is then *sui generis* and all are not alike predisposed to it. Predisposition to a disease lies in obedience till an actor develops it. Small-pox is a class of diseases to which all are predisposed. We imbibe from our parents this predisposition. But Simon maintains that this hereditary quality in small-pox is a *material*, which material lies latent until awakened into activity. This when once awakened, passes through such changes as to end in annihilation, and the individual no longer carries within him this predisposition. It has been expended, although inherited. This *affectio occulta* in ancient medical literature, is predisposition, and Henle maintains that "the pathological condition which is called predisposition, is *disease*," and here we would remark that a disease whose hereditary quality is so plainly marked as phthisis, and so often following in the line of descent, is predisposition of the strongest feature; and if "predisposition is disease," then the disease itself in an occult form is transmitted.

If, as Henle again says, "disease is a type according to which organic beings develop themselves," then we have here a predisposition to phthisis, which predisposition is itself disease. *Type* is form, *disease* is then form, and this brings us to the stand point which I take in the opinion formed of this disease, and that is, that we inherit the *predisposition*; this translated is *disease*; this again runs into *type*, and then into *form*. There is no *form* in proclivity, tendency or proneness; it applies *only* to material substances, *to matter*. It is my opinion, from a careful examination

of the premises that we inherit a material in the blood when we inherit the predisposition to phthisis, just as much as we inherit a material to be operated upon by the small-pox contagion, the latter a common inheritance, the former a special one, but is almost as certain to be developed under certain existing causes.

Persons then are born with the *disease* and are *diseased* during life, and this may be extended through from the cradle to the grave, and yet not evince internal changes, but still will transmit the material to their offspring, whose different relations to the external world will exhibit changes such as their grand parents evinced in their lives.

This is a common sense view of the pathology of tuberculosis and is entitled to as much consideration as Simon's views in relation to the small-pox material inherited by the human family at birth. He maintains that small-pox, when once developed into activity, is the result of a change in that ever present morbid material in the blood, and that it does not result from some inherent tendency without *materiality*, *type* or *form*. Gravitation is an abstract consideration, and would not be known to exist without matter, nor would the attraction of cohesion be recognised as a law, unless particles existed to be united by it. The pustules of small-pox would not exist either, unless there was a material to be awakened into activity, resulting in consequences with as uniform changes, as the laws of gravitation and cohesion exert upon inorganized matter. This change extinguishes the predisposition by changing the character of the material, or by the actual loss of so much of the original organization as we lose the thymus gland because no longer necessary, but not in the same manner nor having the same results following.

The abstract fact of predisposition, as commonly understood namely that of tendency or proclivity, can be better applied as a term to an organ whose susceptibility to disease is influenced by the actual disease of another organ, as for instance the heart is prone to diseased action when the lungs are actually diseased. There is no hereditary quality in this instance over and above the common inheritance of mankind to all kinds of afflictions. But when we speak of the hemorrhagic diathesis, the rheumatic diathesis, we naturally couple with it the idea of some peculiar physi-

cal conformation. The term *diathesis*, as used and generally understood, is vague and ambiguous, and too much of the same quality with the term "sympathy," which answered well to retreat behind when hard pressed for a more satisfactory explanation.

But whether the tubercular material be a product of accidental formation, or pre-existed as an ever present material in the blood, it is nevertheless unlike the inflammatory product, and differs also from those which constitute the basis of other epigenic forms and growths. It is then *sui generis*, just as small-pox material is peculiar to itself and differing from all others.

Under what circumstances is it exuded? That state of the blood, which favors it, is when that fluid is deficient in its constituents, and when the proportions are abnormal. When the body is exhausted by disease or other causes, then it is that the blood is changed by a loss of its life-imparting constituents—then it is that exudation will take place more readily. The changes consequent upon maturity, and in the previous growth of the body, will also favor exudation.

Volumes have been written upon the prophylaxis of this disease in cases where there is a well-known *family predisposition*. Climate, diet, exercise, with medication have been each and all recommended and practiced to combat this *immaterial something*, this morbid predisposition, which terms, according to Henle's definition, are senseless and meaningless. The measures above indicated are *curative* and not prophylactic in the sense in which that term is used. They are measures active in the cure of the disease in a certain stage by holding the system above a condition in which exudation will take place. The next step in the malady is exudation and the deposition of tuberculous matter into tissues, whose organization is such that they more readily permit it to take place within them. But we avoid this still more unfriendly stage of this disease by preventing the exudation, and this brings us not only to consider the best means to prevent it, but which also offers us the best means of removal when it has taken place.

The best means of prevention is to preserve the normal constituents of the blood, and also to preserve if possible, the normal proportions. This done and there is less liability to exudation. The blood then must be supplied with its needed *pabulum*, and how is this to be accomplished? I answer by preserving, or re-

Establishing if lost, the nutritive and assimilative functions. This done and the staminal forces of the system will be established and preserved, and the blood prevented from falling into that unfortunate condition, in which advantage is given to the morbid material, always ready to take it in order to escape into the tissues whose condition permits its presence. What hygienic and dietetic course should be pursued, would occur to any one at a glance.

But what course shall we pursue when exudation has already taken place? This question is more difficult to answer, and a problem much more difficult to solve. The indications in my opinion are two-fold. *First*, to prevent a further exudation: and *second*, to induce absorption of the material exuded.

The first then is to reform and repair the blood which has degenerated from its normal condition through the agency of malnutrition, and from an analysis of, and by experience with cod liver oil, it promises more than any other remedy. Its peculiar therapeutic action is not precisely known, but more than anything else yet known, it furnishes the requisite pabulum to the blood by which its richness is restored and its normal properties better established. It is maintained that it enters into the blood and plays an important part in its initiatory formation, and saves it from errors in its early developement, during which, in tuberculosis, its life is impaired by supplying nutrition and substance to the tubercular material which, in my opinion, is an inherent organization, and like any other organized tissue, looks for its supplies of nutrient material. The supply to this material will then be withdrawn, because the nutrition goes to the normal formation of the blood. The supply of tuberculous material for exudation is thus cut off, is not deposited, and the vital forces are restored. Now absorption will be quickened, and in the effort aid will be afforded by the iodine vapor which is inhaled from time to time. In this way the second indication will be met.

The diet should be nourishing, and a large share gleaned from the animal, in order to supply to the blood the requisites for its normal constituent. In cases of great laxity of fibre and tone, the preparations of cinchona may be used profitably, especially where there is loss of the tone of the stomach, attended with feeble digestive powers. It is all important to preserve the digestive powers

in normal condition as far as possible, in order that we may derive all the required benefits of nutrition. This fact cannot, in my opinion, be too strongly pressed upon the attention of the practitioner. It is all important to keep up the dynamic forces and equally imperative to restore tone to the system where it has been lost or expended. Every effort should be exerted to this end, and this indication should not be forgotten for a single moment. If the stomach will not receive full doses of the cod liver oil, then it should be given in divided doses, in order that the amount be taken within the time. Minimum doses can be given with a stomachic, as the infus. cort. ort., aurant., or the weak solution of the ext. cinchona.

The vapor of iodine should be mingled with watery vapor if possible, in order to dilute it that it may not irritate the mucous lining of the bronchia too much at first. In this way, these tissues can be educated to bear it in greater intensity with impunity.

In conclusion, permit me to advise, that no case be abandoned to its own course however hopeless it may appear or however aggravated the symptoms.

OPERATION FOR IMPERFORATE ANUS.

BY J. C. HUGHES, M. D.,

Professor of Surgery in the Medical Department of the Iowa University.

A child born in this City, in February last, of German parentage, though rather less than the ordinary average, was nevertheless apparently healthy at birth. After a day had passed after its birth without any evacuation from the bowels having taken place, an effort was made to administer glysters, which, however, passed off even while being exhibited. This being repeated for eight days, and yet no discharge from the bowels, it was thought advisable to consult a physician, and Prof. M'Gugin was called to visit it. He found the abdomen enormously distended; the veins of the integuments full and congested with blood; the urine retained, a perceptible foetus proceeding from the surface of the body, in consequence of the retained meconium and fecal matters. The child had nursed regularly until this time; but now there were eructations of greenish matter from the stomach.

After a cautious examination of the case, he found a thick septum, blocking up the rectum, constituting the fifth variety of *imperforate anus*, as described by Churchill. This septum was about one and a half inches from the verge of the anus. He at once recommended an operation as the only possible source of relief. This examination took place in the evening, and in the morning, I was requested to visit it with the view to an operation.

I found it as above described, but rather more feeble, and convinced that very soon the case would terminate fatally unless the obstruction could be removed. I found the diagnosis to be as above given, and proceeded at once to operate.

A speculum was introduced and the anus distended as far as possible. An effort was made to introduce a probe by finding some small orifice in the septum, but no such aperture was found. I then attempted to introduce a small trocar; but, although the septum was very thick, and the tenesmus was such as to force it downward against its point,—apparently offering resistance enough, yet the density of the structure, and the yielding nature of the adjacent parts were such, that this instrument was not only considered to be impracticable, but not the most judicious; because, if the opposing obstacle did yield, it would not, until after great force had been used and which could not be suspended until the instrument would be driven into other structures, to seriously injure them. The bistoury was then selected, and after dissecting through a hard fibrous tissue, of at least three-fourths of an inch in depth, the opening was effected and a large accumulation of fecal matter followed the meconium. During the operation, the retained foetid urine was discharged from time to time, so frequently and to such an amount, as to interfere with the progress of the operation.

A bougie was left, with directions to introduce it two and three times a day, and the child is now living and doing well. No re-union of the cut surfaces took place, and now the evacuations take place regularly and as naturally as with other children.

SUGGESTIONS AS TO THE METHOD OF USING NARCOTICS IN NERVOUS DISEASES.

BY JOHN R. ALLEN, M D.,

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While the functions of the nerves have been elaborately investigated, and to a great extent satisfactorily established, their morbid states are comparatively little understood, and necessarily their treatment is more or less empirical and unsuccessful.

The various forms of neuroses apparently are becoming wonderfully prevalent, and I think especially so in our western cities. A large proportion of the ladies of families, who can afford to indulge in indolence and inactivity, and are confined to the heated and impure air of the town, and yet subject whenever they go out to the sudden vicissitudes and piercing winds of our climate, thus rendered in a high degree nervous and susceptible, are more or less troubled with some form of nervous disorder. To preserve the *complexion* the general system is subjected to habits, at war with the demands of nature, and the penalty is, a state of nervous excitability which subjects them, in a great number of instances, to the tortures of neuralgia. Females of this class, are now too commonly taught to believe that there are but three epochs in life—to “come out,” “find a husband,” and “obtain an establishment,” but I will add, and *get—the neuralgia!*

The higher objects of life, the nobler duties of mother and citizen are forgotten, and the philosopher is now puzzled to determine which of the two evils is the the greater—the masculine effrontery of bloomerism and women’s rights fanaticism, which at least tend to the more robust developement of the sex; or, the system which reduces to mere nervometers the children of the opulent and indolent.

Formerly, when one of our grandmothers “caught a pain” by the great exposures which they were compelled to encounter, and which they did fearlessly, there was the stamen upon which to plant a lever of treatment, and her “rheumatics” surrounded to the vigorous measures which a firm constitution demanded. Now-a-days, however, these antiquated “rheumatics” have been refined by transmigration through the attenuated structure of your fine ladies,

and unphoniously christened neuralgia, and do not demand or justify active treatment, and resort must be had to paliative and often empirical measures.

The difficulties which environ nervous pathology, it is true, are owing to the inscrutable nature of nervous function essentially considered. When we say we have discovered the function of a nerve, all we mean is, that the general office performed is known, not the occult processes by which the general result has been produced.

We are undoubtedly well acquainted with the origin, course, and termination of nerves, their special functions, and direct and reflex influences, but know little of the integral changes or essential action by which they are manifested.

Under the embarrassment into which we are thrown by the obscurity of disordered nervous action, it is scarcely to be wondered at, that we have been driven to the use of a class of remedies, as curative agents, of whose action we were equally ignorant, and where cures are effected, to attribute them rather to happy experiment, than to a priori determination of the applicability of the medicines used. Thus the salts of bismuth, of zinc, &c., have been used, sometimes successfully, but in a good number of cases the disease has proven incurable under every ordinary course of treatment.

We are aware of various pathological states which impair and even destroy nervous tissue, and others which destroy, impair or pervert nervous influence and function. We have atrophy, degeneration, gangrene; we have also neuritis, neurilitis and neuralgia.

It is the last that we now wish to consider. We know there is a disorder of the nervous force inducing pain, spasm, &c., independent of any evidences of inflammation. We farther know, that this state may continue an indefinite period before indications of structural lesions occur. Instances of this kind of disease are very common.

Evidence of the production of pain, independently of any inflammatory action is constantly observed, in its location at a distance from the known point of irritation; thus, in diseased hip-joint, we find the knee complaining; the head from disturbed digestion, and the like. It is also true that we may have an *inflammatory element* imparted to the nervous force without the ac-

companionment of pain and this tendency developed at some point at a distance from the point of irritation, but usually in close relation with it by nervous connection, as where the retina of the closed eye of the microscopist becomes inflamed, in consequence of the over exertion of the one in use, and this may be extended to the conjunctiva, as observed by Paget more than once. Again, we see it in inflamed testicle from irritation of the urethra, and sometimes where the pain of a neuralgic attack is prolonged, indications of inflammation more or less intense succeed.

Now I have no intention of attempting an explanation of the difficulties by which this whole matter is surrounded, not only in a speculative, but a practical point of view. But to turn attention to a *mode of using* a class of agents, which are every day appealed to in the treatment of nervous diseases. This class of agents of course is narcotic.

I am very fully convinced that while we all regard these remedies as precious, nay invaluable agents, we have not given them that degree of consideration as *curative* which they deserve. We have much, nay almost all to learn, as to their value in this respect. We turn to them with alacrity and confidence in pain, and feel in moments of physical anguish that there is a relief, if not a cure at hand, and to no medicine do we award more directedness of action than these. Opium has been enthusiastically called "*magnum dei donum*," and to the body racked with pain, it may well so appear. But there is a very important aspect in which narcotics deserve much greater attention than they have received. Now in disorders which affect the quality of the blood or the functions of nutrition generally, which manifest themselves in general disturbance or local affections, whether of function or structure, we are very often called upon, not only to prescribe for present inconvenience and danger; but to endeavor, by a prolonged and gradual course of medication, to so change the state of the system, and to give to the vital energies a chance to re-establish their normal powers, and restore the physical integrity and functional activity. Thus we often attempt a cure, and sometimes successfully, in neuroses, by means acting through the general system, by measures which do not act very sensible or directly on the nervous system. It is to an *alterant narcotic* course of medication which I desire to call attention.

Placed, professionally, for a number of years where I had ample opportunity of observing several forms of nervous disorders of the most serious class, such as insanity, epelaisy, &c., observing how frequently they existed unaccompanied with other signs of physical disorder than mental aberation in the one, convulsions, &c., in the other, I could not well see the indications of medication, unless something could be done, which was neither antiphlogistic nor yet repleting. It was but natural to turn to the class of remedies which we regarded as soothing to the nervous system. In cases of these forms of disease, I often found a confirmation of the statements of others, that they consisted of irritation, not of inflammation or congestion. True, the tendency of such condition was to inflammation and its results, but they were often primarily, but irritation, requiring an uncertain period to develope the inflammatory element.

Now in insanity we must allow the *mental excitement* to answer to the *pain in* neuroses, located in other portions of the system, and, if you please, the convulsions in epilepsy to correspond to the same. In the treatment of such cases, the object is to overcome the condition of the nervous system upon which these symptoms depend, and the means to do so we will assume as narcotics, prescribed in a certain way. True, some cases are reported cured by a single enormous dose of some narcotic, but these are exceptional, and the more rational mode seems to be that we would, by a gradual but persistent cause, overcome the habitual morbid preponderance and give the natural powers the opportunity to react.

We do not hope to cure anæmia by a single dose of iron, nor a debility of the stomach by a few tonic potions. Indeed we attempt to avoid as much as possible any sensible or immediate effect and to rely upon that slow, but permanent influence by which the blood is enriched and the tone of the system is restored for the cure of these disorders.

These remedies are durable agents in the blood or tissues, are used to counteract the causes of prolonged and inveterate diseases, and make a lasting impression on the system. When remedies of this class are used, we understand to some extent, the nature of their action, it often being comparable to known chemical processes, and thereby meeting a chemical deficiency, so to express it, which we previously believed to exist in the system. But as we have seen

that the changes of the system in nervous diseases, whatever they may be, are often altogether far beyond our apprehension, so the action of neurotics are also equally inexplicable.

Diseases of a nervous character of very different origin, or rather occurring in states of the system very unlike each other, may present very similar features. Thus we may have very high nervous excitement from a state of plethora, and again from vascular exhaustion. So also very different symptoms may arise from the same apparent seat and cause of disease.

We may have a high degree of maniacal exaltation, or a condition of torpid stupidity from cerebral irritation. We may have a paralysis or a neuralgia from apparently similar cause; and, we may have any of these manifestations for an uncertain period, and no appreciable cause to which to refer them, and no lesion commensurate with their symptoms. While these maladies are thus clothed in mystery on the other hand, the same inscrutable secrecy surrounds the *modus operandi* of the class of remedies known as neurotics. We know little of the ultimate causes of sensation, motion, or nervous excitement, and we cannot know much of the action of agents which affect them.

We find that they produced no change in the blood, do not remain in it, but soon pass out. They seem to act upon nerve fibre by actual contact, but soon cease to act. Their action is transitory, though often powerful. Chemistry supplies us no explanation, and among the best of modern writers gives, as the most plausible conjectural account of their action, "the mechanical theory." We have, at all events, as will be perceived, a sort of homoeopathic similitude in the inscrutable nature of the disease, and the inexplicable action of the remedies proposed for their relief.

The effects, however, both of the diseases and remedies are very palpable. The more important symptoms, are those which affect the intellect, sensation and motion. The effects on mind of disordered nervous matter is observed in the varieties of insanity, of sensation in the pains of neuralgia, of motion in convulsions.

DEPARTMENT OF SELECTIONS.

PRACTICAL OBSERVATIONS ON PUERPERAL FEVER.

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In the November number of the Recorder, some general views were presented on the different varieties and types of Puerperal Fever. These practical views resulted not only from many years' observation of the disease in the valley of Virginia, and in this city, and the contiguous country, but from careful and extended research into the history and description of the disease and its treatment, as given by all the prominent writers on the subject.

In the article referred to, the position was assumed, that Puerperal Fever may be so modified by various and numerous causes as to present the different varieties and types, not only requiring a difference in its treatment, but presenting a vast difference in the results of its amenability to treatment of any kind, in the different varieties and types. To this disparity in the pathological nature, and form of the disease, in different sporadic cases, and in different endemics and epidemics, may be attributed, in a great degree, the difference in the success of physicians of equal learning and skill in its treatment, as is shown by their own able and faithful reports.

These liberal views are not mere professions, or exhibitions of professional charity and courtesy, but they are the products of much experience, investigation, and reflection upon this subject. While they fully recognise and accredit, not only the faithfulness of the description of the different varieties and types of the disease, and the skill of its treatment, as given by most of the prominent writers on the subject; they leave but little scope, for approbation, or tolerance of the opinions of the few writers who maintain, like Professor Meigs, that this disease is always, nothing more nor less, than simple inflammation in the puerperal state, with its sympathetic fever, and always requires, and is curable by copious venesection, and other evacuant treatment.

The putting forth of any specific remedy or special mode of treatment, for the infallible cure of all cases of this disease, is not promised, in the practical observations proposed to be submitted to the profession of the South-west; but rather to invite their at-

tention more especially to this important subject, for the purpose of eliciting a comparison of views and practice among ourselves in this region of country; whereby a proper discrimination of the varieties and types of this disease, and its treatment, may be more correctly made, from the practical observation and study of its symptoms, pathology, and treatment, by the intelligent physicians of the South and West, than from the speculative notions, or the practical observations of the disease, of writers, whose range of experience has been in quite a different latitude and climate, and confined to cases resulting from, or modified by causes different from those which are mainly operative among us.

On this important medical subject then, as well as all others, we only propose to the physician of the South and West to bring forward in the medical journals, their professional views and observations, matured and perfected by all the aid they can obtain, from the most thorough research into the writings of others, and present them as offerings upon the great altar of professional literature, where all that is valuable may be saved, as by the fire of criticism, and not only afford present benefit, but be garnered and preserved in the great store-house of medical knowledge for future good.

Whilst I cannot, like Drs Clark, Denman, Hulme, Leake, White, Collins, Tennon, Gordon, Hey, Armstrong, Hamilton, Dewees, Campbell, Gooch, Ferguson, Tonnelle, Lee, Klein, Churchill, Hall, Meigs, and many others, write upon this subject from large experience of the disease, in its prevalent endemic or epidemic form, I shall endeavor to describe the varieties, and types of puerperal fever, as it has presented itself to my observation, in the occasional sporadic cases, which have occurred in many years of pretty wide extended practice.

If in the description of the disease, and the treatment, which I have found most successful, there may be anything valuable; or if it may be the means of inducing others to present from their observations and practical experience anything valuable to the profession, my object will be attained.

In the previous article, I proposed, on account of their practical importance, the following five varieties of Puerperal Fever:

1st. Simple inflammation of the uterus, its appendages, and the peritoneum.

2nd. Puerperal fever produced, and modified by malarial influences.

3rd. Inflammation of the veins and absorbent vessel extending from the uterus—constituting the phlebotic form.

4th. Puerperal fever from epidemic or contagious erysipelas.

5th. Puerperal fever produced, or modified by epidemic typhus influence.

This arrangement of the different varieties is made, not so much in reference to the parts involved in the local affection, as to the pathological nature, or character of the local and constitutional disease. Of these five varieties, the three first will be more especially considered, as I have had no personal experience of the two last, and have added them as the two varieties so fully and accurately described by many writers, as constituting the epidemic, and most fatal forms of the disease; though these varieties have been found in many cases complicated with, or presenting a mixed, or conjoint phlebitic fever.

In the first variety of puerperal fever, is embraced all the cases of the disease, which consists of *simple* inflammation of the uterus, its appendages and the peritoneum. *Simple* inflammation of the uterus alone, or of the ovaries, or lateral ligaments alone, without extending to the peritoneum, seldom, if ever, produces the sympathetic fever and constitutional disturbance entitled to be regarded as puerperal fever. Simple inflammation of these organs, however, is liable in its progress to extend to the peritoneum, and thus to develop a case, of not merely metritis, or ovaritis, but of child-bed fever, with its dangerous consequences, if not promptly arrested.

This is especially so, when the attack occurs within the first week after delivery. When from any of the exciting causes, inflammation of the uterus is produced the third, or fourth week after delivery, there is much less tendency to the dangerous complication of puerperal peritonitis with it. In these cases, however, if the metritis is not speedily relieved, the inflammation is very liable to involve the sub-celular areolar tissue contiguous to the sides of the womb, between the folds of the peritoneum, constituting the lateral ligaments, on one or both sides, and sometimes one or both ovaries.

Metritis seldom results in suppuration, but tends to terminate by resolution, or in a protracted sub-acute inflammatory engorgement and swelling of the organ, attended with more or less sanguineous discharge, and results in partial tumefaction, or morbid sensibility of a portion of its walls, most frequently its lower and posterior segment. This partial chronic inflammation of the body of the uterus is doubtless the pathological state, in the obstinate cases of uterine disease, described by Gooch, Dewees and others as irritable uterus. Instead of this result of acute metritis, the inflammation may become chronic in the cervix or os, producing induration and ulceration there, as a principal affection, or a complication of the other.

When the contained organs, or cellular tissue of the lateral ligament become inflamed the third or fourth week after delivery, the tendency is not so much to puerperal peritonitis, as to circumscri-

bed suppurative form of inflammatory action. This tendency to supuration and abscess in the areola tissue of the lateral ligaments, is so great, that it is almost a certain result of inflammation there if it is not properly subdued. From careful attention to this subject, I am convinced that abscess of the lateral ligaments, one or both, involving sometimes the ovaries, is a much more common affection than is generally supposed. It is not confined to the puerperal state, at term, but often occurs after abortions at any period of pregnancy, and sometimes from imprudence during the menstrual period. It is not a fatal disease, except when complicated with puerperal peritonitis, which does not often take place, except when it occurs within a few days after delivery. Being distressingly painful, however, and liable to frequent periodical recurrence, or exacerbations of the symptoms, I propose in the course of these numbers to give this form of disease, about which but little has been written in the systematic works, the prominence and importance, which it deserves, so far as I can do so, by giving the result of my observations and experience in its symptoms, progress, proper treatment, &c., illustrated by cases.

Impressed with the practical importance of a correct and certain diagnosis of puerperal fever, portending rapid progress, and a fatal termination, if not properly arrested by efficient treatment, I have been led to this digressive reference to simple uterine inflammation, and the circumstances under which, it is not very liable to extend to the peritoneum generally, so as to constitute a case of puerperal fever, and therefore though not portending so much immediate danger, yet requiring vigilance and prompt and efficient treatment, to the extent necessary to secure resolution, and prevent the protracted results alluded to.

The views so far expressed, in reference to the *simple* inflammatory variety of puerperal fever, fully concur with the doctrine of Dewees and others, who maintain that child-bed fever is *puerperal peritonitis complicating metritis, and not simple metritis*; but in other varieties—the *phlebotic* and the *typhoid*, puerperal fever, in a fatal form may occur, without the peritoneum being seriously, if at all involved. This has been *fully* demonstrated by the symptoms, and by the autopsy of many such cases, as shown by the reports of Tonnelle, Lee, and others.

These brief preliminary views must suffice for the exposition of the positions assumed as to the forms, or varieties of puerperal fever, in a practical point of view. The object proposed, being not so much a discussion of debateable questions, in reference to its local or general pathology, as the presentation of the varieties of the disease—their characteristic symptoms, progress and treatment, by a description of the sporadic cases of its different forms which have occurred in my own practice,

The first variety then, is defined to be simple inflammation of the uterus, involving also the peritoneum, and often the sub-peritoneal pelvic organs and tissues—the ovaries and their adjacent areolar tissue.

It is needless to occupy space, by a particular description of the predisposition of these organs and tissues to disease, immediately after delivery. The greatly increased developement of their vascular, nervous, fibrous and cellular tissues, during gestation; the active nutrition necessary to this evolution; mechanical support to all these parts from the outward pressure of the contents of the womb; the nervous and physical agitation, and contusion of parturition; the sudden removal of internal distension and mechanical support by delivery; the congestion, and stasis of the blood in the greatly developed and unsupportable vessels after delivery; the gaping and lacerated mouths of the uterine vessels over the placental surface; the retained, stagnant and vitiated contents of the uterine vessels, and cavity, present a natural physiological state, readily changed by any of the exciting causes of disease into a preternatural, or pathological condition. The proper involution of these organs and tissues, especially during the first few days after delivery, involves a physiological change of action, circulation, nutrition, secretion, and excretion for its accomplishment, which requires the absolute avoidance of all the causes of general excitement, or internal irritation or congestion. This is the case in healthy females, in whom no predisposition to disease exists, other than that alluded to, arising from the physiological evolution and involution, preceeding and follow parturition.

Immediately following delivery, the natural tendency is, to the organic contraction, and the contraction of tissue of the uterus, by which its vessels and cavity are evacuated and closed: to increased action of the skin, attended with some increase of thirst, but diminution of appetite; to diminished internal nutritive action, but increased peripheral excretion; to continued sanguineous, sero-sanguineous and sero-purulent lochial discharge from the uterus, until its gestative developement, and placento-uterine lacerations are measurably restored to the normal state; and after two or three days of abstinence and recumbent rest and quietude, a still more derivative action is set up in the breasts, to draw off the innervation and congestion from the internal uterine organs, and thus promote the copious secretion and excretion of milk. If these favorable and natural physiological changes are not interfered with, or prevented by improper excitement from company, stimulating drinks, or food, exercise, anxiety, over heated and close rooms, too much covering, or exposure to cold, before the eruption of the secretion of milk; the stomach and bowels have generally so much recovered from the torpor and derangement, frequently consequent upon ges-

tation, as to be sufficiently active, not only to relieve themselves of their morbid contents, but also, to aid by this additional excretion, the involution of the uterine organs; the relief of partial congestion, and to control and keep in due bounds the excitement, local and general, of lactation. These important benefits resulting from a laxative state of the bowels, the second or third day after delivery, if not obtained by abstinence and unexciting regimen, should be secured by saline and alkaline laxatives.

Bearing in mind these important puerperal changes, and the physiological process by which they are accomplished, the peculiar predisposition to internal engorgement and inflammatory disease, which exists at this time, is too obvious not to be properly estimated and guarded against by the intelligent physician. All the ordinary causes of derangement of the system, and those not especially so, under other circumstances, in this condition may develop an attack of puerperal inflammation, and result in a fatal form of fever. Of these causes may be specially mentioned, the excitement of visitors and too much company, improper exercise from getting out of bed, or lifting the child too soon, exposure to cold in such a way as to check the natural perspiration, and the lochial discharge, excess of excitement from too much heat, and from stimulating food and drinks, and intestinal irritation from constipation.

These, and other causes, before the secretion of milk is established, are liable to produce undue excitement, prevent natural lactation, and diminish or suppress the lochia. When the system is thus, much disturbed, and the tendency is to the simple inflammatory form of puerperal fever, it is always indicated by rigors—sometimes a well-marked chill, or chilliness alternated with flushes of heat. The pulse soon responds to this local, or general disease. The circulation becomes hurried. The pulse, though increasing in frequency in a few hours after the attack, from 100 to 130 and sometimes 140 to 150 beats in the minute, is small, though generally corded, or somewhat tense, imparting a thrill to the touch. This contracted irritable condition of the peripheral vessels, indicates the central congestion and inflammation which exist. Previous to, or during the chill and reaction which follows it, pain and soreness in the region of the womb are complained of, which increase as the circulation becomes more and more accelerated. The pains are continuous, and though increased at intervals, they do not intermit as the ordinary, or even violent after pains do, and are increased by pressure, while uninflammatory after pains are diminished by it. The pain and soreness at the commencement of the attack may be confined to the uterine region, but especially when it occurs within a few days after delivery, the tendency is, to the extension of the pain and soreness over the abdomen, in a few hours.

When this takes place the pain rapidly increases in severity, and is attended with so much intolerance of pressure, that the patient dreads and shrinks from the approach of the hand; and requires the bedclothes to be elevated from the abdomen. As a means of relief from suffering, she lies upon her back, with the lower extremities drawn up, so as to relax the psoas and abdominal muscles, and by the elevation of the knees, to protect the abdomen from the touch even of the bedclothes. With the increase of these symptoms, the tongue becomes coated with a whitish, slimy covering, or if much gastric or biliary disturbance preceded the attack, it is more red, or thickly covered with a brownish fur. The thirst becomes greater as the symptoms progress. When the inflammation extends rapidly so as to involve the peritoneum generally, tympanitic distension of the abdomen is soon produced, attended commonly with torpor of the bowels, and sick stomach. The distension and great tenderness of the abdomen, interfere so seriously with respiration as to prevent the proper oxygenation of the blood. The complexion becomes more or less livid, the aspect of countenance distressed, the functions of the brain and nervous system, and the general innervation more and more impaired, the pulse more and more frequent and feeble, the extremities become cold, the violent pain and exquisite soreness of the abdomen then diminishes, and percussion demonstrates nervous effusions, by the dullness which has superseded the sonorous tympanitic sound, in the dependant parts of the abdomen. The bowels now, may become relaxed, and the stools involuntary, and though some of the other symptoms may exhibit a favorable change, the experienced observer will not be thus deluded, and disappoint the friends' false hopes, but while he resorts to every means that may promise even a chance of life, he will but too constantly find his unfavorable prognosis realized by the rapid sinking into general collapse, and the inevitable dissolution of his patient.

In this brief and imperfect sketch of the symptoms, progress and termination of a case of puerperal fever of the simple inflammatory variety, some prominent symptoms are merely mentioned, which deserve a little further notice. The rapid extension of the inflammation, pain and soreness over the abdomen, soon followed by tympanitic distension, sick stomach, torpor of the bowels, and the fatal progress of the disease; but they soon mask the real pathological condition, by the depression and derangement of the organic functions. In this general inflammation of the covering of the important abdominal organs, not only the functions of these organs are involved; but the ganglionic system of nerves, also participates in the inflammation affecting its peritoneal covering.

Hence the sick stomach, the tympanitic distension of the bowels, the deranged biliary and urinary secretions, and the fec-

ble, but frequent struggling efforts of the heart to carry on the circulation of the blood.

In this array of symptoms, constituting a case of simple inflammatory puerperal fever—metritis, though it may be the beginning of the attack, but existing alone, without involving the peritoneum, could produce only a part of the roll of symptoms and morbid actions, which make up a case of well-marked puerperal fever, tending to a fatal termination.

Within a few days after delivery, before lactation is established, metritis is very liable to be complicated with peritonitis, and as a consequence with the prominent symptoms described.

Metritis, however, frequently occurs in the second or third week, without involving the peritoneum. The portions covering the womb, or constituting the lateral ligaments, are sometimes involved. In these cases, the pain and soreness are local and circumscribed, the pulse has more force and volume, and never becomes so frequent, seldom, if ever, exceeding 100 beats in the minute. The symptoms of gastro-enteric, and other functional derangements are less prominent, and the tendency to effusion and fatal termination are much less to be apprehended in these cases, than the termination in abscess of the lateral ligaments, if the inflammation is not cut short by resolution.

In the diagnosis then, of simple puerperal metritis, from puerperal metritis complicated with peritonitis, and in the prognosis of the probable progress and termination of these affections, the number of days after the delivery, when the attack occurs, is important to be considered, with the general and local symptoms.

The second, or malarial variety of puerperal fever, may very properly be described in connection with the simple inflammatory form of the disease. The difference in its pathology and treatment, may thus be made more prominent, and less space required, than for its separate description and treatment.

In regions of country where malarial influence exists in such a degree, as that, from ordinary exciting causes, intermittent and remittent fevers are produced, it is found that most diseases, even wounds, are modified by it, in their symptoms and progress.

Females brought to the bed of confinement, laboring under intermittent, or remittent fever, are, by their puerperal condition, peculiarly liable to the development of peritonitis, as a complication of the existing malarial fever. If fever has not been previously developed, the exhaustion of the system, and the important changes produced by parturition, or imprudence soon afterwards, may become the exciting causes of malarial fever. This internal congestion and the vascular excitement consequent upon an attack of fever, within a few days after delivery, are very apt to develop metro-peritonitis. So that in many cases of malarial fever

existing previously to, or developed after delivery, the complication of puerperal metro-peritonitis is liable to occur, and a puerperal fever of a modified variety, is characterised by its more decidedly paroxysmal form. The malarial fever being the primary disease, the metro-peritonitis being the effect—the complication of the fever; but in turn producing a sympathetic reaction, which, by the commingling of diseased action, produces a form of puerperal fever, which, in a practical point of view, is entitled to be considered as a distinct variety.

In cases of zymotic fever thus complicated by the production of metro-peritonitis, the local inflammation being secondary, is generally slower in its development, than in those cases where the inflammation is primary, and the fever sympathetic.

The first paroxysm of fever may be attended with some pain and soreness in the uterine region, which subsides during the intermission, or remission, but are increased by each subsequent paroxysm, until the local disease, is so fully developed, as to modify and change the fever, into the more continued and sympathetic type.

Now, in this second variety, the primary disease is malarial fever. As the effect of the paroxysmal internal congestion, and general febrile excitement, the metro-peritonitis is developed, and a complicated form of fever is produced. Whereas, in the first variety, the causes operating upon the uterine predisposition produce metro-peritonitis, which is the primary disease, and the fever is sympathetic, or secondary. If this pathology be correct, its practical importance and value are obvious. For while all experienced physicians may, in some degree, concur in the practice of treating simple inflammation by bleeding, no intelligent physician in the South-western country, would rely upon the lancet, as an exclusive, or even main remedy, for the cure of malarial fever. If this be a correct rule of practice, based upon, and sustained by general experience, in malarial fever, not prominently complicated with local inflammation as its effects, upon what rational principles can an entirely different rule of practice be adopted, in those cases where this inflammatory complication has been developed by the fever?

Thus addressing the main remedies to the cure of the effect of the fever—the local inflammation, while its cause, the malarial fever, is overlooked and left uncured.

Deeming the pathological distinction, of these two varieties, of great practical importance, it is thus prominently presented, rather than occupy the space, by a detailed account of the symptoms, progress and terminations of these forms of the disease, all of which are so fully set forth by most of the writers on this subject.

Treatment.—Only an outline of the treatment of these two varieties is proposed, for the purpose of presenting in their proper prominence, and relative importance, blood-letting, purgatives, quinine, cold fomentations to the abdomen, and mercurial alteratives, as the most efficient remedies.

In the first variety of puerperal fever, when the diagnosis is clear, that metro-peritonitis exists, with pain, and soreness, extended, and still extending from the uterus over the abdomen, attended with febrile symptoms—frequent pulse, thirst, internal and general heat, &c. ; the lancet is agreed upon on all hands, as the remedy, of first, and greatest importance and efficiency, to be resorted to as soon as possible after the attack ; and the bleeding to be carried to the extent necessary to control the symptoms, and relieve the inflammatory action.

In determining on the use of the lancet, and the quantity of blood to be abstracted, the pulse is not so reliable a guide, as the abdominal pain, soreness and heat. The pulse may soon become, after the attack, so frequent, and small, and even feeble as to deter the inexperienced practitioner from bleeding ; especially in cases where parturient hemorrhage has occurred.

In most cases, however, before the stage of effusion and coldness of the extremities comes on, after which, bleeding is inadmissible, there is a jerking or thrilling sensation imparted to the touch, though the pulse may be very frequent and small, which indicates active inflammatory action, and the use of the lancet.

The quantity of blood necessary to be taken, must be determined by the effect, not immediately upon the pulse, but upon the pain and oppression of the system. For in the state of great internal or central congestion which exists, and the consequent withdrawal of blood from, and contraction of the peripheral vessels, the pulse and heart may be so seriously affected by the abstraction of a small amount of blood from the general circulation, as to produce symptoms of syncope, before the effect of the bleeding has extended to, and relieved the central congestion, which involves the ganglionic system of nerves, and the organic functions.

Under these circumstances then, the finger should be placed on the orifice, and the bleeding suspended until the amount of blood taken from the general circulation is supplied, by the withdrawal of as much, or more from the central congestion, and the pulse and action of the heart are restored, or improved, when the flow of blood should be continued, with the same precaution, again, and again, if necessary ; until enough is abstracted to relieve the pain and oppression, and restore a more general and equalizing circulation, by removing the central congestion, which oppresses and may speedily overwhelm the organic functions.

The rule of practice then, is not to be governed by the quantity of blood withdrawn, but by the permanent effect produced upon the system. To obtain this necessary permanent effect, may require the abstraction, slowly, or at intervals, of 20 ounces, in some cases, and 40, 50, 60 to 70 in others, depending upon the constitution, violence, and stage of the disease.

During the bleeding, or intervals, gentle diffusible stimuli, hot and stimulating pediluviae, the patient being kept in the horizontal position, may be resorted to with advantage, to assist in equalizing the circulation, and relieving the internal congestion.

The prominent symptoms being thus suspended, and measurably relieved, to maintain the advantages thus gained over the disease, 20 grains of calomel with $\frac{1}{4}$ to $\frac{1}{2}$ a grain of morphine, and 15 to 20 grains of quinine may be given internally—the quinine to be repeated in 10 grain doses every 3 or 4 hours, with as much morphine as may be necessary to aid it in relieving, and preventing the return of local irritation, congestion, and pain.

In addition to these internal remedies, a large napkin smoothly doubled and wrung out of cold, or iced, water should be applied over the abdomen, and changed as often as necessary to keep it from becoming hot, and continued as long as it is agreeable to the patient. In two hours after giving the calomel, 3 or 4 ounces of a strong infusion of senna and super-tartrate of potassa, or some other purgative should be given, and repeated every 3 or 4 hours until an active purgative effect is produced. If the mercurial given, fails to produce bilious discharges in six or eleven hours, it should be repeated, and the other purgative continued so as to keep up a laxative state of the bowels.

The quinine given every three or four hours, in 10 grain doses, with or without an opiate, according as the pain or restlessness may require, to be continued until the system is brought fully under its influence. The necessary degree of quininism, is determined by a roaring or buzzing in the ears, the diminished frequency of the pulse, the cool perspirable state of the skin, the relief of pain and restlessness, diminished thirst and internal heat and soreness. When this favorable change is produced, it should be given then in five grain doses at intervals of four to six hours, with the laxatives, until the inflammatory action is relieved.

In cases not properly treated in the commencement of the attack, or when the treatment has not been instituted early enough to prevent the effects of inflammation—the plastic lymph and serous effusion, calomel, or blue mass should be continued in smaller doses—2 to 5 grains of calomel three or four times a day, until its alterative action, or slight pyrexia is produced, so as to relieve, by its sorbefacient influence, the effect of the inflammation.

This is a brief outline of the treatment I have found most successful in the first variety, or simple inflammatory form of puerperal fever, to be adapted of course, in the extent to which it is carried, to the stage and severity of the disease, the vigor of constitution &c. of the patient.

In two particulars this course of treatment may be considered extraordinary, and be excepted too; and therefore requires some further explanation.

First, The early, and free use of quinine in a purely inflammatory disease. Without entering into a discussion of the *modus operandi*, and effects of quinine upon the system, I shall assume, what most practitioners, who have carefully observed its effects in large and repeated doses, will admit, that it relieves or diminishes morbid nervous sensibility, diminishes under certain circumstances the frequency of the pulse, produces a cool, relaxed state of the skin, attended often with copious perspiration, promotes the action of other remedies by increasing the secretions and excretions generally, tends to equalize the innervation and the circulation, and thus by a febrifuge and antiphlogistic sedative influence, relieves the morbid action of fever and inflammation.

Now these remedial effects are precisely what are required, after the necessary abstraction of blood, to prevent the further necessity for venesection, and to effectuate the cure of the disease.

The other exception, that may be made, is to the use of cold or iced applications to the abdomen. Though this treatment was proposed by Blandis, of Hanover, more than half a century ago, such has been the influence of popular prejudice against everything cold, internally, or externally, in the puerperal state, that though cold drinks may now be allowed, the use of ice, or a cold fomentation to the abdomen, in case of the patient's death, would be sufficient, in the opinion of a late writer, to destroy the professional reputation of any one in this country, who might put it into practice.

Notwithstanding this prejudice against the external use of cold water or ice, it is advised and put in practice, unhesitatingly by the best physician in cases of uterine hemorrhage. So much is this the case, that cold applications are commonly resorted to by nurses and crones for this puerperal fever.

If popular prejudice has been so completely overcome in one child-bed affection, by professional influence, why may it not, in another, where the danger is less, and the benefit much greater. During the past ten years my judgment has been so decidedly in favor of the use of cold, instead of warm stupes and poultices, to the abdomen in these cases, that I have required it to be used. The practice has not only proven the safety and great benefit of this treatment, but it has invariably been found to be so agreeable

and soothing to patients as to induce them to beg for its frequent renewal, and its continuance, as long as the fever and internal heat remained. So far from any chilling or unpleasant effect resulting from it; in connection with the other remedies proposed, copious perspiration, and the re-establishment of the lochia have occurred during its continuance, from the abatement of the heat, and excitement, by which they were suspended.

In the treatment of the second, or malarial variety of the disease, I shall add but little. So much importance has been attached to the antiphlogistic, and sedative influence of quinine, in the simple inflammatory form, that but little more is required in reference to the other.

The pathological doctrine assumed is, that in the malarial variety, the fever is the primary, and the metro-peritonitis, the secondary affection. The fever and inflammation standing in the relation of cause and effect. This pathological doctrine being admitted, the rule of practice should be, to remove the cause and then the effect, or to adopt a course of treatment, calculated to relieve both. After this form of disease is fully developed, the course of treatment already described in the other variety, is applicable to it, except, that, as a general rule, less blood is required to be abstracted, and the free use of quinine is more essential, and indeed indispensable.

In this form of the disease, as has been stated, the local inflammation is generally slower in its development, requiring several paroxysms for its full production. In these cases, even after the first symptoms of metritis have been manifested, the proper antiperiodic, quinine treatment, will relieve the fever, and with it the symptoms of puerperal metritis.

AN INQUIRY INTO THE NATURE OF THE ANOMALOUS AFFECTION KNOWN BY THE APPELLATION OF "NURSING SORE MOUTH," OR "PUERPERAL ANEMIA." By M. L. Knapp, M. D.

I. Present State of Medical Knowledge.—Views of Correspondents.—Abstract of Literature.—The Writer's Views of the Nature of the Affection.

THE term Nursing Sore Mouth is so well understood to mean a peculiar form of disease to which suckling women are subject, that its adoption, though it be popular rather than professional, cannot lead to any mistake. There may be some practitioners who have never encountered this disease at the bed-side, and possibly those who have never heard of it; yet there are numerous physicians who have met with it and found it a very serious and obstinate affection. The silence in the main of standard or systematic authors on the subject; the omission in the arrangements of the best nosologists of any affection of the mouth peculiar to lying-in wo-

men characterized by the phenomena that are manifested in this complaint; and the testimony of the Journals, nevertheless, that such an affection does exist, is often met with, and is greatly on the increase in some localities; render it, most decidedly, a proper subject of inquiry, particularly in the absence of any clear or satisfactory views from those under whose observation it has more frequently fallen, as to its nature, pathology, and rational method of cure. To deny that a peculiar, lingering form of disease, often of very grave severity, characterized by anaemia, debility, and other phenomena of which soreness of the mouth constitutes a prominent local symptom, now and then attacks women in the state of lactation, and persists, sometimes, in spite of all the remedial measures brought to bear upon the case, finally either proving fatal or terminating in a slow and gradual recovery incident to circumstances, as the removal of the infant from the breast, change of season, etc., rather than the administration of medicines, would be to shut our eyes to facts and experience. The history of hundreds of such cases is annually unwritten, willingly oblivionized among the unrecorded transactions of groping practice: and yet these cases are not wholly lost, for they reach us from the nursery as the reminiscences of many a delicate mother's past sufferings, and forebodings of their re-occurrence, constituting some of the oral literature of this dreaded affection. There are few practitioners, we opine, who have altogether escaped these popular traditions of the Nursing Sore Mouth affection.

The recorded literature of this disease is made up of the brief articles on this subject that have from time to time appeared in the medical Journals. Some of these are mere notices that such an affection has been met with, accompanied with the recommendation of a favorite remedy, perhaps, while others contain well-marked and well-drawn-up cases of the disease. We propose as a starting point in our inquiry to canvass what is known and what has been published on the subject, so far as we may be able to reach the files of the Journals. It is probable an article may here and there be overlooked, but sufficient testimony will appear to establish very clearly the grave character of the malady; that it is nowhere understood, every where treated empirically; and that it has hitherto failed to receive such careful investigation at the hands of any member of the profession as to settle the question of its pathology and treatment. Prior to glancing into the Journals, however, we will offer the original views of our correspondents, elicited by the following circular, two hundred and fifty copies of which were distributed to leading practitioners of the United States. We will not marvel that only three medical gentlemen have responded.—These three contributions on the subject, however, are valuable.—They establish the grave character of the malady, the want of any

exact knowledge of its true character, and the further interesting facts that it has puzzled, perplexed and engaged the attention of the profession in sundry parts, and that it is looked upon as a subject of sufficient general interest to demand a searching inquiry. Our acknowledgments are hereby tendered to the courteous gentlemen who kindly responded to the call.

Circular.—Cincinnati, Dec. 22, 1853.—DEAR SIR: My apology for trespassing on your time and attention is the following, to wit: I am instituting some inquiries into the nature and history of that anomalous affection known in the United States by the popular designation of "*Nursing Sore Mouth*." Attention has been briefly called to this disease through some of the Journals as a form of "*puerperal anæmia*."

Having encountered the disease in localities widely apart, and having conversed with physicians in different States who had met with it frequently; I am led to think that it occurs more or less in all the States and British Provinces, but more frequently, by far in some localities than others. Although it is believed to occur thus extensively, and so frequently during some years that it may be said to be a not uncommon form of disease, still little is understood of it except empirically, and it is consequently treated with very variable results, the majority of well-marked cases proving obstinate, running a course of some months, and in many instances yielding only with a snail's pace, after the removal of the puny infant from the breast, which dernier resort seems to be a *sine qua non* in the recovery of inveterate cases.

Its literature, I think, is limited to a few fragmentary notices, that have appeared in the Journals within the last few years: nothing is said of this obstinate and sometimes fatal form of disease in our elaborate treatises on Practice and Diseases of Women.

Presuming that this anomalous and nondescript form of disease has come under your notice, and that you will feel an interest in contributing to its elucidation, I respectfully request you to call to mind your cases of "*nursing sore mouth*," and the impressions they have left on your mind, and, at your earliest convenience, to draw up and forward to me by mail your observation and experience on the subject. My object is to arrive at just conclusions by means of more extended data than my own observations afford. This appears to me to be a legitimate mode of investigating the subject, and the only practicable method perhaps, for the disease seems to shun the lying-in wards of hospitals (or we should have heard something of it,) and to occur wholly in private practice.

Should I be so fortunate as to arrive at any practical deductions deemed of general interest to the profession, and worthy of publication, the condensed views or points of practical importance (and

if not too copious, the views in full) of my correspondents will also appear, that each may receive the award of merit due to his own observations. Allow me to add in this connection that it will give me pleasure to reciprocate the favor at any time you may call upon me for a like civility.

Having made known my object and wishes in a general way, I now take leave to call your attention to a few points in detail I wish your answer to cover, which, for your more convenient reference, I have numbered.

1. Topography of your region of country, and how long settled ; agriculture and products ; state of horticulture and orcharding ; general character of disease ?

2. Number of years in practice ; number of cases of nursing sore mouth met with ; history, symptoms, treatment, duration, result, of one or two cases as types ?

3. If death has resulted in any case, the mode or manner in which it took place ?

4. The effect of the disease in the mother on the child ; if the infant died, or was removed from the breast, the effect of a suppression of lactation on the progress of the case ?

5. Whether cases have occurred more frequently in some years than others ; if so, the character or constitution of those years as to temperature, snow, rains frosts ; whether the crops were blighted or short ; season of its development ?

6. Whether attacks have occurred oftener after first confinement than in subsequent ones ?

7. Whether attacks occur oftener after very severe labors, flooding, or other prostrating accidents of delivery ?

8. Whether you have known an attack follow abortion, or parturition where the infant was still-born, or was removed from the breast and lactation suppressed ?

9. Whether the disease has ever to your knowledge made its incursion before delivery ; and if so, the effect of parturition on the case ?

10. Whether, within the range of your observation, other females than those in a pregnant, puerperal, or suckling state, have suffered an attack of this form of anæmia ; and if so, whether concurrently in the same family where a nursing female was laboring under it ?

11. Whether, according to your observation, it be a disease peculiar to women ; or have you met with the same morbid diathesis and assemblage of symptoms in males, during years of the greater prevalence of this disease ?

12. Whether you have noticed in seasons of the more frequent occurrence of this affection, a prevalent morbid diathesis that seemed to aggravate and render more intractable the common forms of disease ?

This covers all the points I wish to have categorically responded to ; but any views of your own—any facts or deductions from your practical experience and observation, throwing light on the etiology, pathology, or treatment of this affection, will be thankfully received.

Dr. Ellsworth's Reply.—*Hartford, Jan. 21, 1854.*—DEAR SIR: Many duties have hitherto prevented an answer to your favor of the 22d December. Your letter was handed to a physician having more extensive practice than myself in the department of midwifery, but as he insisted on my writing, you shall have all the information I possess: the questions shall be answered briefly, at least as many of them as it is in my power to answer.

1. Hartford is partly built on the alluvial of the Connecticut River Valley, but the country is mainly primitive. The farms are rich, highly cultivated, and possess good depth of soil. Diseases in our valley generally assume a typhoid type, and do not bear the lancet as well as in higher portions of the State, and my impression is that V. S. is not as well borne as some years since.

2. My present experience extends back only fifteen years. The disease under consideration is not of very frequent occurrence, though common enough to excite earnest desire for its amelioration. The treatment, symptoms, etc., have been discussed by our City Medical Society.

3. As a general thing patients have recovered, though weaning has occasionally been necessary to effect this. I have known no case of death from the disease alone.

9. I had a very severe case commencing nine weeks prior to labor; the patient had nearly died from the disease with a previous child, in which case also the complaint made its appearance prior to delivery. She recovered, and I think without removing the child.

The treatment is simple, consisting of good support by way of food, bark with lime-water, carb. ferri, carb. sodæ, and particularly porter. Almost everything tonic is useful, but especially the articles mentioned.

The minutes of our Society present but little worth mentioning in addition, except a statement made by Dr. Miner that he knew a severe epidemic of it in Berkshire Co., a mountainous region in Massachusetts, in 1832, and another at Middletown, in Connecticut, in 1836. Dr. Sumner also stated that he found persons subject to this complaint more disposed to phthisis. He had known the disease to occur as early as the fifth month of pregnancy. Local treatment does not appear to be particularly serviceable. Some of the questions remain unanswered, because I must either give a negative answer or one of no particular service to you. Hoping what is recorded may be useful to you, I remain, yours, truly,

Remarks.—Dr. Ellsworth's contribution establishes the fact very clearly that the disease in question is not confined to the period of lactation, for he observed its occurrence twice in the same female, and on both occasions it made its incursion before delivery. Dr. Sumner also had observed it as early as the fifth month of pregnancy. It is not, therefore, *caused* by the drain of lactation, as has been supposed. Dr. Ashwell, in considering the complaints developed by undue lactation, makes no mention of any malady similar to the nursing sore mouth affection. We thus establish one point in our investigation, viz: that the disease is not an affection peculiar to *nursing* women.

Again: another fact of much importance is derived from Dr. Miner's statement in the discussion of the subject before the Hartford Medical Society, viz: "that he knew a severe epidemic of it in Berkshire Co., Mass., in 1882, (the year of the cholera,) and another at Middletown, Ct., in 1886." The fact established is, the greater frequency of the disease in certain years, amounting to an epidemic in some localities. This accords precisely with our own observations; and if the constitution of those years, as to temperature, snow, rains, frosts, state of the crops and fruits had been given, as called for by our circular, very important deductions, we opine, might be drawn from the premises. In the absence of said particulars we must depend upon our own knowledge of the matter.

The winter of 1881-2, was the coldest winter, according to our recollection, we have ever experienced. The harbor of Baltimore, where we then resided, was closed by ice about four months—the Chesapeake Bay was almost frozen across at Annapolis, a circumstance which was then stated in the public prints to have occurred but *once* since the settlement of Lord Baltimore's colony—the harbor of New York it was conjectured might be closed by the ice that winter—we participated in a sleigh-ride, the thermometer at zero, in the month of April, 1882, and the snow well nigh a foot deep. The Asiatic cholera swept over the United States in the summer of 1882, and what influence the very rigorous winter and retarded spring exerted upon the human constitution in the United States toward rendering it liable to attack, has never been inquired into. That the constitution of the seasons and state of the crops and fruits have very great influence over epidemics there can be no manner of doubt; and while our observations tally with those of Dr. Miner as to the occasional epidemic prevalence of nursing sore mouth, we can as emphatically declare that its epidemic manifestations occur *invariably* after cold winters and retarded springs, accompanied with a scarcity of vegetable supplies. The coinciding fact, therefore, of nursing sore mouth occurring in epidemic form, in Berkshire Co., Mass., a cold mountainous region, in 1882, after an uncommonly rigorous winter and a cold, retarded spring, is another point made in our inquiry.

As to the epidemic of 1836 at Middletown, Ct., this is not quite so clear. We incline to the opinion that Dr. Miner is mistaken in the date, and that it occurred in 1835, the year of its epidemic occurrence in the West, complicated with other epidemics, as will more fully appear in our chapter on the topography of Illinois, where we discuss the meteoric phenomena and constitution of those epidemic years.

In regard to the treatment given by Dr. Ellsworth, we wish particular note to be taken of the good support by way of food, porter as a drink, (full of carbonic acid,) and the preparations of *soda*, *lime*, *iron*, etc., recommended. There is application yet to be made of the principle before we have done, illustrative of the why and wherefore of the efficacy of these acids, salts, alkalies and tonics, combined with wholesome nutrition.

Dr. Hall's Reply.—*Glasgow, Jan. 26, 1854.*—DEAR SIR: Your circular letter bearing date Dec. 32, has been in my possession several weeks, and would have received an earlier response but for the presence of other engagements. Upon its reception I bestowed upon it a careful perusal, and cannot refrain from expressing a hearty commendation of the enterprise you have embarked in, and, so far as any co-operation upon my part may conduce to the results to which your investigations are directed, it is most cheerfully granted. In responding to your inquiries, I have to mention two circumstances which I very much regret should exist—in the first place, the instances of this anomalous affection have been limited; but more especially do I regret that my observations in reference to these cases have been without that systematic accuracy, in the absence of which, facts in a great degree become valueless as materials for etiological, pathological, or therapeutical generalization.

During the last three years, which embraces the period of my acquaintance with this, as a distinctive type of disease, I have, in some manner, been connected with the treatment of five or six well-marked instances of "puerperal anæmia," besides several cases of minor importance, in reference to which I have been casually consulted. The gravest case which has presented itself to my observation, occurred in the person of a lady who was a resident of Logan Co., in the southern part of this State, and who was at the time I saw her (Aug., 1853,) on a visit to her friends in this neighborhood. This was a very characteristic case. The subject, æt. about thirty-eight years, is habitually anæmic, strikingly deficient in the nutritive function, so much so as to present a very pallid, exhausted appearance, and the buccal affection has regularly recurred, in the early period of lactation, since the birth of her second child—having had six, I believe. The infant then at the breast was about four months old, and from the history of the case elicited

from the attending physician and her friends, her general debility increased, and her health continuously declined to this period, when the symptoms had become extremely aggravated. She had been confined to her bed and utterly helpless for fourteen or fifteen days when I first saw her—entire buccal membrane covered with aphthous inflammation, with numerous patches of small ulcers, several large ulcers occupying the edges and inferior surface of the tongue, and some isolated spots of ulceration on the inner surface of the lips, profuse salivation, (not mercurial,) much complaint of vitiated taste with anorexia, pulse 125, and very feeble, with a very low grade of febrile reaction of a regularly remitting type, muscular and nervous exhaustion complete, with extreme feebleness of circulation. So distinctly remitting was the accompanying fever, in this case, that it seemed so urgently to demand an anti-periodic, that such a measure was resorted to and met the indication very happily.

This imperfectly-descriptive history is equally applicable to two others, the most malignant cases of the disease, with the one described, of which I have any knowledge; and in both these instances the subjects were likewise non-residents of this (Barren) county. One, a young married lady of Gallatin, in Tennessee, came near sinking under a protracted attack, the onset of which dated with the establishment of lactation after the birth of her second child. The other subject of this vitiating infirmity is a resident of Louisville, and as I have been informed by her sister, who resides in this place, like the first named case, it has become so much a constitutional vice as to be habitual with each returning period of lactation. The two females last adverted to seem in a good degree to regain and retain their health and vigor throughout the menstrual cycle, but the health of the first is hopelessly dilapidated, though she is measurably free from the essential symptoms of "nursing sore mouth."

The remaining several instances of the affection, which have been presented to my notice, put on a milder form, yet sufficiently serious to become objects of regular medical attention; presenting in a marked manner the conditions of an impoverished circulation, a depraved state of the nutritive functions, with the more specific local lesions stamped with a less or greater degree of distinctness, in accordance with the mildness or intensity of the attack.

As to therapeutical relations, I conceive that these are, to some extent at least, deducible from the manifest pathological features of the disease. I can but regard the diseased condition as constitutional, consisting mainly in a lesion of nutrition. It may become a question as to where the first link in the chain of morbid actions is to be riveted; but as for my own part, I have learned to regard a vitiated action of the organs of primary digestion as a

primitive feature in this pathological state, and other symptoms and conditions as more secondary. The circulating medium certainly becomes greatly depreciated in normal elements, and to replace these constitutes a leading indication of treatment. How to accomplish this, or the principles upon which it is to be done, involves details and considerations not consistent with my present purpose to discuss. So far as concerns the lesions of the mucous lining of the mouth, I can regard this only or mainly as a local manifestation of a more general diseased disposition, and this consideration would lead us to attach but a secondary value to topical measures of treatment; this, my experience fully verifies. I have derived manifest advantage from astringent washes, and even caustic solutions applied to the diseased membrane; but they are to be relied on as less important auxiliaries of a judiciously devised constitutional plan. One drachm of sulphite of soda to the ounce of water forms a valuable wash. The blood dyscrasia, which constitutes the peculiar diathesis of this affection, must be corrected by a set of measures addressed to the nutritive and assimilative functions a properly regulated but nutritious diet, exercise adapted to the health of the patient, and attention to the means of promoting and maintaining the healthful functions of the skin. I have found the most satisfactory results to attend the persevering administration of quinine, chalybeates, the mineral acids, and cod-liver oil, with attention to the state of the secretions.

To speak with more especial reference as to the etiology of puerperal anaemia, I am inclined to discard the influence of climate and locality in the causation of the disease, further than the agency they may exercise in lowering the tone of nutritive life. Thus they may become predisponent agencies; but unless there be an inherent defect of constitution, I should be disinclined to attach much consideration to their influence alone. One of the strongest predisposing causes is, a naturally delicate and enfeebled constitution, and whatever depressing influences may operate to foster and still further deprave this natural disposition to the establishment of the anaemic diathesis; nothing further is wanting to give to the disease its distinctive and characteristic development, but the withdrawal, from the already scanty maternal supplies, of such nutritive elements as answer the demands of gestation and lactation.—I have observed in a majority of cases falling under my notice, that the child is very prone to muguet during the existence of the other disease in the mother. How far may the vitiated materials of nutrition derived from the mother contribute to the development of muguet in the child?

I will now bring to a close this communication, already extended greatly beyond the contemplated limits when I sat down to write. It will afford me decided satisfaction, at all times, to reciprocate favors of this character, and as a beginning I would gladly

have pointed out to me a more successful plan of treating malignant epidemic scarlatina, than experience and reading have, as yet, enabled me to arrive at. I am, most respectfully, yours, etc.,

J. P. HALL.

Remarks.—The points in Dr. Hall's paper are, the kind of constitution most liable to this affection, viz: feeble, delicate, breeding and suckling women—its constitutional rather than local seat—its pathology in his judgment being a lesion of nutrition—its sporadic appearance in Kentucky and Tennessee—its very marked, grave, and chronic character—its low grade of remittent febrile exacerbations—the ulceration of the mouth and tongue, attended with profuse salivation not mercurial—the impoverished state of the blood the cause of the disease, and to supply the circulation with normal elements the chief indication in the treatment—and the observed fact that the infants at the breast, in the majority of cases, are also affected with sore mouth. In fine, this contribution comes to us with a freshness from the bed-side of observation in this disease that is exceedingly forcible and instructive, and much to our aid and assistance in these researches. When we come to sum up and offer our views of the nature of this affection, having first set forth all the testimony we can find on the subject, the attention of the careful reader will revert to these practical views of Dr. Hall.

Dr. Judkins' Reply.—*Cincinnati, 4th Mo., 1864.*—DEAR DOCTOR: Thy circular of inquiry relative to "nursing sore mouth," which thou wert so kind as to send me some weeks ago, I have taken the first favorable opportunity to answer.

In the early part of my practice, I do not now remember to have met with this affection. I often met with diseases, over forty years ago, affecting the mucous tissue resembling stomatitis; also an aphthous condition in children in the same membrane.

Within the last twenty years, but more especially within the last ten years, my attention has been more particularly drawn to notice this adult female disease, for I do not remember ever seeing the disease in any other persons than adult women, and in these only while in the state of lactation.

Females of a lax fiber, thin in flesh, rather of anæmic appearance, are those generally whom I have been called upon to treat for nursing sore mouth. I have known some ladies so predisposed to the affection as never to go through a lactation without it, and others with slight hygienic directions, to escape during the second and third lactations, and perhaps to the end of child-bearing; showing that a strong tendency or predisposition exists in some females to morbid derangements and ulcerations of the mucous linings of the primæ viæ. I say hygienic directions, by which I wish to be understood well-aired rooms for lying-in women; pretty good diet after lactation is established; bathing the skin often over the region of the uterus, both anteriorly and posteriorly, with tepid water,

and after which staying the muscles of the abdomen with a bandage; patients to be taken out after their infants are three weeks old, to ride in the fresh air when the weather is suitable; and to be allowed to receive the visits of affectionate friends at suitable times, etc.

In tracing the symptoms as they are developed in this disease, it has manifested itself as *sui generis*, and is confined in its locality, incipiently, to the mucous membrane of the primæ viæ. I am led to this conclusion from the symptoms only in the living subject, having never yet made a post mortem examination to prove this position. There appear to be three stages in the regular phenomena of nursing sore mouth, viz: irritation, inflammation, and ulceration. In addition to these there is (as in most idiopathic diseases) a forming or fixing condition in order to bring about the disease itself, and this is indicated by lassitude, debility, and coolness over the body. Shortly after the lady complains of heat and irritation in the mouth, with a preternatural secretion of saliva; then follow red spots on the sides of the tongue and mouth, which, in a few hours, sometimes terminate in ulcers of from half the size of a three-cent piece to that of a fifty-cent piece. Soon after things have developed themselves thus far, the lady complains of pain and tormina all through the bowels, indicating the same altered structure and ulceration in the primæ viæ throughout.

In the second stage fever is observable, and the irritation occasioned by the ulcerations through the track of the first passages keeps it up for some days, say two or three, unless mitigated by some remedy, yet in common incipient cases lactation is but little retarded; but if the disease is permitted to continue a few weeks, general debility and loss of flesh follow, and the secretions become morbid and the milk fails. Generally speaking, from the time that the first irritation is observable below the pylorus, the bowels begin to act preternaturally, and the dejections are commonly of a thin, watery consistence, inclined to light color. I say generally, but there are some exceptions. I have seen cases where the bowels have been confined during the progress of treatment, except when moved by the administration of laxative medicines, but never without pain.

After the disease has been of two or three weeks standing, by examining a recent alvine evacuation, we discover *floating fœculi* in the chamber-vessel of a mucous appearance; this, taken in connection with some other of the symptoms, viz: ulceration, heat, burning pain, etc., in such portions of the mucous tissue as can be seen, lead to the belief that there are ulcerations in the mucous linings of the bowels, nearly, if not entirely throughout the whole track, from which the mucous secretions became separated and found their way to sight.

If this state of morbid derangement continues for two or three

months, the body becomes emaciated, hectic fever ensues, and, where there is a strumous diathesis existing, we will have tuberculosis developed, with cough, hæmoptysis perhaps, and other fatal symptoms to close the scene.

I will now touch upon the important point in the treatment.— Every intelligent physician, with whom I am acquainted, has his favorite prescriptions in this female affection; and as I have been called to prescribe for quite a number of patients, I will only notice what course I have adopted, hoping that when my experience is added to that of others, something may be sifted out that will be of service. There are two prominent indications to be fulfilled in the treatment: in the first place, we must endeavor to correct the ulcerative process or heal the mucous tissues; and in the second, to restore the morbid secretions and disordered functions to a normal standard.

Unfortunately, the cases that have come under my care have mostly been chronic, and hectic symptoms more or less existed, with diarrhoea, tormina, general emaciation, restless nights, suppressed lactation, etc., etc. I begin the treatment by giving bicarbonate of soda, in fifteen grain doses, dissolved in a tumbler of water, three times a day, which soon corrects the *acid* and *acrid* secretions in the first passages; and, in order to avert diarrhoea, I combine about five drops of the tincture of opium with each dose; order the patient to be well bathed in tepid water, once in the twenty-four hours, when the exacerbations of febrile action are at the highest point; regulate the diet, and avoid such articles of fruits and vegetables as have a tendency to irritate the tender granulations with which they may come in contact, or may exert an unhealthy influence over assimilation, but at the same time enjoin a generous, or *good rich diet*. After a few days thus treated, I give the patient one of the following pills three times a day.

R

Nitrate of silver, . . . gr. x.
 Denarcotized opium, . . gr. iv.
 Gum camphor, . . . gr. v.
 Disulphate of quinine, 3j.

M. f. pil. No. xxv.

As the symptoms vary and improve, I suspend in part or altogether the medicinal treatment, as would occur to any physician, watching the effect of remedies, and the turn and change of symptoms of the patient. Under this plan of treatment I have, but in one case for several years, been under the necessity of taking the child from the breast of its mother, though I am aware of the great assistance afforded thereby in the cure. Very respectfully,
 thy friend,

WILLIAM JUDKINS.

[*New York Journal of Medicine.*]

To be continued.

Extract of a Letter from Mrs. Emma Willard, to Dr. Bowling.

There has been of late *in my practice*, (for I constantly practice *Æripathy* for my own health; and sometimes among my friends,) one case, among a set of cases less remarkable, which ought to be recorded. In crossing the Atlantic last June, in the steamer *Pacific*, some of the passengers soon began to suffer, as is usual, from sea-sickness. And when a lady of my acquaintance came out of her state-room suffering, and having that kind of bluish purple about her face which indicated deficient respiration, I advised her to try such forcible breathing as would throw all the air out of her lungs, and draw plenty of fresh air in. She and some others practiced as I directed them, and although they said it seemed impossible that that should be the cause, yet they certainly felt relieved. About the fourth day of our voyage, as I was walking the deck with a Mr. Campbell—now of New York, but recently of Montreal—a Scotch gentleman of high respectability—he told me that his partner in business, Mr. Martine, had been so deadly sea-sick, that he had as yet kept his berth, not having left his state-room at all since we left New York. While he was yet speaking, he turned his eyes to the stair-way, where was just heaving in sight a gentleman perfectly pale, and apparently weak, supported by a lady. “There,” said Mr. Campbell, “there he is—that is Martine with his wife. This fine morning has tempted him forth.” On enquiry, Mr. Martine said that he still suffered intensely. He had an intense head-ache, as well as a nausea and a feeling of oppression; he should soon be obliged to take to his berth again. Could you have faith, said I; that a woman could do you any good? He at once quite gallantly declared that he could have faith in me, and would implicitly follow any directions which I would give him; and Mr. Campbell and Mr. Martine went his surety that he would. Mr. Martine and Mr. Campbell both considered this case so remarkable that it ought to be reported in some Medical Journal; and both promised to give their testimony in writing. I believe the three witnesses mentioned are now in New York. Then we all took an extreme corner of the deck. I placed my patient facing the breeze. Now, said I, you are to believe that your lungs are at this moment filled with a heavy irrespirable gas, and your breathing is so feeble that you do not throw it out, and you are in the condition of a person suffering from the fumes of charcoal. (His face had the same ghastly violet blue, pinched, and half collapsed appearance.) And what I want you to do (and I showed him as well as described) is to get this heavy gas out of your lungs. Make your chest as small as possible, by stooping, drawing down your ribs, and pressing your arms to your sides; throw out the air by a violent and long continued *exhaling*—blow:

ing it from your mouth as if engaged in blowing up a fire. Then change, make a long and forcible inhalation, opening your chest to its fullest dimensions by standing erect, and raising your arms from the shoulders. Mr. Martine perfectly comprehended my instructions before he began to practice them; and when he did, I wish that you had been there to note the change which came over him within one or two minutes. He had not breathed over three or four of those forced, long breaths, before the pale face, changing as we looked upon it, assumed the glow of health. The lips changed from violet blue to coral red, and the cheeks (for my patient had as fine a complexion as any body) changed from no color to rosy red; his eyes were bright and his heart was cheered, and he exclaimed, "Why, I feel well; I never felt better in my life!" He then exercised briskly by walking the deck, after which he went to his dinner, and from thenceforward was regular at his meals, and was no more confined to his room during the voyage. If he felt the sea-sickness at any time coming on, he pushed for the air, and forcibly ventilated his lungs, and then he was well again. Now, I am not going to assert that sea-sickness can always be cured in this way—but when the patient has been some time sick, and is in the condition in which I found Mr. Martine, I know not why others should not be cured by the same process.*

You are aware, I dare say, that Dr. Cartwright has not, or had not some time ago, been able to see the agency of caloric in the process by which the blood is moved; but that he has in this respect a theory of his own which teaches that the cause of motion is life in the blood. If I understand Dr. Dowler, he maintains that the blood does work, which has formerly been attributed to the nerves. Although I have felt that the agency of Caloric is essential both to the proof and the utility of my theory, and in fact the very theory itself, I cannot see that my views in this respect, (as stated and maintained by Dr. Washington,) if allowed to be correct, are at all in the way of Dr. Cartwright's and Dr. Dowler's making discoveries in the track they are upon; which seems to be something different and beyond the mere moving of the blood. It is one thing to carry a loaf of bread and a vial of medicine, and quite another the use which shall be made of them when carried to their destination. The power which moves them may be the same, while their effects though taken into the same stomach, may be altogether different. All I pretend to, refers to the carrying process, with the common known effects of the blood, as circulated or not

* The able surgeon of the Pacific became, during the voyage, a thorough believer in the truth of the theory by which this cure was effected. Mr. and Mrs. Martine and Mr. Campbell all being intelligent witnesses, left in this case no shadow of doubt as to the fact of the cure related, of which he had already known something by Dr. Cartwright's alligator experiments.

circulated. The question concerning the life of the blood seems as I said, beyond; and it is one from which important results may spring. I know a case intimately well, of a lady, who, twenty years ago, in making a long walk in a funeral procession where she was unable to stop, felt a very acute pain, like a sudden cut on the outer part of her left limb just above the knee, she at the same time apprehended some lesion in the interior of the limb; but she was obliged to continue walking for some distance farther, and the result was a permanent injury; coldness in the limb, pain, and a slight, gradual diminution in size. The whole left side was in some measure affected. A physician was consulted, who supposed the cause of the difficulty was in the nervous system, some paralytic symptoms having supervened. But I believe the lady's difficulty to be in the sanguinous system. I thought that some derangement of the blood vessels had deprived the limb of its proper quantity of blood. About eight years ago, while attending a large party where she was obliged to stand, this lady was (after a feeling of excessive fatigue) suddenly seized with a pain in the part of the limb affected so agonizing, that it made her instantly pale and faint. The result was that after this, she began to find her limb gradually becoming restored to warmth, natural feeling and size. She believed that at the time she felt the last sudden anguish, the obstruction which had existed to the blood's right course gave way, and left it more to its natural flow. She accustomed herself to practice exercise and full breathing, generally before an open window, and then when the blood in her system was flowing freely, she seated herself on a sofa in a position to cramp the right side, and leave the left free, the left limb extended on the sofa, and the whole left side higher than the right. By this course she obtained more blood upon the left side. She is now relieved from a series of symptoms, so long painful and threatening her with paralysis. If in this case the difficulty was in the stoppage of the blood, and the relief in the restoration of its course, and the means otherwise used to force it from the right side to the left, does not the case favor Dr. Cartwright's theory, that the life is in the blood more than in the nerves? or is it that the nerves lie dormant until excited by the presence of the blood? These are certainly very important enquiries.

Account of the Asiatic Cholera, as it prevailed in Columbia, Lancaster County, Pa., in the Autumn of 1854. By T. HERBER JACKSON, M. D.

It is only by carefully observing and recording the conditions under which epidemic cholera prevails, that we can hope to discover its cause, and the laws by which it is governed. With the hope of contributing some materials for this purpose, we have drawn up the following report:—

It is no easy matter to follow distinctly the progress of an epidemic when it prevails extensively in a large and populous city; but in a small town, its origin and progress can be more readily traced, and we shall endeavor to do this in regard to the disease as it occurred in the town of Columbia, Lancaster County, Pa., during the month of September, 1854.

It will be useful to consider, briefly at least, the situation and aspect of Columbia, and all such conditions as might reasonably be supposed to have exerted an influence upon the development and propagation of the epidemic in that town. To this end, the reporter avails himself of a communication from Dr. A. Clarkson Smith, of Columbia.

“Columbia is situated on the north bank of the Susquehanna, forty miles above the Chesapeake Bay, and is the terminus of two canals and three railroads. The town lies on a gentle slope inclining to the northwest. Just above the town, high, bluff hills jut out into the channel of the river; while below, another ridge, running parallel with the one above, separates it from the town of Washington. North and northeast there is a valley of the most fertile land in the country. Our population is made up of representatives of almost all nations. The German and Irish, however, compose the principal portion of the foreign population. Of the latter, there are many. The railroads, canals, coal-yards, and commission warehouses give employment to so many persons of this kind, that, in their vicinity, they generally compose the bulk of the population. As a general rule, these persons drink freely of alcoholic stimulants.”

The river flows with a gentle current, and for a considerable distance above and below the town is quite shallow. The surface is studded with innumerable islets covered with a rich vegetation, which adds much to the beauty of the scene, though not, perhaps, to the salubrity of the locality. Above Washington, and a short distance below the town, a dam has been constructed for the purpose of backing the water into the canal. This structure is provided with an outlet or sluice. Above the dam—in that section of the town bordering upon the river, and west of north—is the “bassin,” which empties its contents, by means of the outlet-lock, into the river. Between the dam and the outlet-lock are the “reser-

voirs" from whence the hydrants are supplied. The condition of the river, the basin, and hydrant-water will engage our attention when we come to investigate the possible causes of the appearance of cholera in Columbia. "For several weeks previous to the appearance of cholera, remittent fever had been unusually prevalent. It began generally with bilious diarrhoea, or when this looseness of the bowels was not found, there was an extraordinary susceptibility to the action of cathartic medicine. The great prevalence of remittent and intermittent fever had left many persons debilitated, and in a condition the most susceptible to the action of any epidemic influence which might chance to come upon them.—As a general rule, persons thus debilitated were *first attacked by cholera.*" Some weeks previous to the appearance of cholera as an epidemic in Columbia, the inmates of a house on Front street, not far from the place of its re-appearance, were attacked by the disease in its most fatal form, and several fell victims to its violence. This building was destroyed by order of the town authorities, and no new cases occurred until Wednesday, the 6th of September. "At this time," writes Dr. Smith, "the emigrant train, west, left at our depot two German emigrants, sick with cholera.—One of them died during the night; the other, a boy, seemed to recover from it, but afterwards died with what, I have no doubt, was ship fever; the vessel in which they crossed the Atlantic having had that disease, with cholera, on board. On Friday evening two cases occurred among our own citizens, both of whom were unhealthy men; one of these having suffered with diarrhoea for two weeks previously. At midnight, it made its appearance in almost every section of the town, and at daylight there were *thirty cases*, all of which proved fatal during Saturday. Of those who fell under my care, I recognized many whom I had noticed in the room with the German emigrants during their illness. Most, if not all of these persons had diarrhoea the day previous, but as there was nothing to alarm them, paid no attention to it until too late. Most of them were sinking into collapse when first seen by the physicians."

The class of the community chiefly affected by the disease was composed of German laborers. But on this fatal night *all* portions of the town, *all* classes of persons were compelled impartially to contribute victims to the merciless pestilence. By referring to the accompanying plan of the town, this will clearly appear. A panic now seized upon the citizens, and many of those whose means enabled them to leave, fled from the devoted town. By Monday, it is calculated that more than half of a population, numbering some 5,000, had left, and numerous persons left daily, until the week was far advanced. It is necessary to mention this, lest the erroneous conclusion might be drawn, that the working class was much more obnoxious to the disease than they really were. It is fair to

presume, from the history of the epidemic during Friday night and Saturday, that, had all the citizens remained, no distinction of class would have availed as a protection, but all would have suffered alike, in proportion to their numbers. Upon those whose health was vitiated by intemperance, and the many privations attendant upon poverty, the arrows of pestilence might be expected to fall with fatal effect; but it did not appear, on Friday night and the succeeding day, that these conditions served to invite or determine the direction of their flight.

It is proper, now, to investigate the cause of the appearance of cholera in Columbia. This town is peculiarly liable to those morbific influences which are supposed to generate malarious diseases. Accordingly, we find the physicians of the place report the almost constant prevalence amongst them of intermittent and remittent fever, and, did the statement need confirmation, it is to be found in the appearance of the inhabitants. An unusual continuance of dry and very warm weather had lessened the volume of the river to a degree unknown for years; had exposed and promoted the decomposition of the vegetable matter on its banks and islets, and diminished the rapidity of its current. And, in addition, it is stated in a Columbia paper that "the canal had been made the receptacle for animals dying in the cars while being transported to the eastern markets, thrown in during the night, and washed to the shores to putrefy in the blazing sun." The sluice being closed by direction of the Tide-Water Canal Co., the escape of the double products of animal and vegetable decomposition was most effectually prevented. Upon the sluggish waters of the river, therefore, and upon its banks and islets were to be found, in even greater than usual abundance, the noxious properties, which, co-operating with a uniformly high temperature, are so generally supposed to generate malarious diseases. And there were very many sick with bilious fever, intermittent and remittent; and there were likewise many cases of bilious dysentery and diarrhoea. This might have been anticipated. The history of this year, so far, differed in no essential respect from that of former years. For the same causes, real or apparent only, had always been present at this season of the year, in a state of greater or less intensity, and like diseases, as effects, attended. In degree, as in kind, effect answered to cause; for the condition of the river and its precincts being such as to afford more than the usual amount of miasmata—"for several weeks previous to the appearance of Cholera, remittent fever had been *unusually* prevalent." Cases of diseases mentioned, continued to occur up to Friday, when the cholera broke out; they then disappeared, and re-appeared only when the cholera epidemic was abating.

In former years, the diseases peculiar to the several seasons were

impressed with the leading characteristics of the malarious fevers; this was true in regard to pneumonia, functional derangements, and organic lesions of the stomach and bowels, and also enteromesenteric fever. But now, cholera has entirely superceded the malarious fevers, and is, by no means, impressed with their characteristics. The two diseases are essentially different, and will hold no intercommunication. Are they, then, effects of the same cause? The hygrometric and thermometric condition of the atmosphere continued the same; the state of the river, of its putrid burden and noisome shores, was unaltered—at least there was no apparent change; and yet the usual and concomitant fevers have suddenly disappeared, and, in their stead, is this strange pestilence! Some were satisfied to assign miasmata as a sufficient cause. Strength, though not actual confirmation, will be lent to this hypothesis by a knowledge of the following phenomenon: On Friday, about noon, a southeast wind began to blow—of course, blowing over the river directly into the town. On the afternoon of this day the first case of cholera occurred. This wind prevailed steadily until Sunday morning, when it changed to the northwest, blowing in a direction directly from the town to the river. A very sensible diminution in the number of new cases was observed at once, and when the wind veered to the original quarter (southeast,) as sensible an increase was perceived. This curious coincidence (?) was noticed at the time by several. Indeed, it was a matter of general remark, and the “direction of the wind” was being constantly questioned with marks of deep interest and solicitude. But remarkable as it may appear, before it is determined that emanations from the river, wafted into the town by this southeast wind, were productive of the cholera, it will be worth while to remember that during a long series of years Columbia had been exposed to precisely the same influences, the same combination of circumstances, and yet remained happily free from cholera. It is not denied that the condition of the river air, probably impure, may have afforded a suitable nidus for the disease, and that the wind, by wafting the exhalations—the blastema, so to speak—into the town, may have thus exerted a powerful agency in the advancement of the epidemic. Moreover, if the river and its shores are to be accused of having generated the cholera poison, why and how did the people of Wrightsville, on the opposite bank from Columbia, escape, especially when, as on Sunday, the strong northerly wind was blowing? And yet escape they did without a single case. In addition to this, it is to be observed that Washington, on the same side of the river with Columbia, and distant only one or two miles, also escaped. When the cholera had disappeared from Columbia, a few cases were reported in Washington.

It may be said that Washington was below, and separated from

the area of the peculiar miasmata, by the dam. But few would care to repose upon such a protection. We have already described the position of the basin and canal; by some it was contended that their impure waters mingling with the river water, and being then pumped up into the reservoirs, and used by the inhabitants for drinking, and for culinary purposes, were alone concerned in generating the epidemic. But it was well known to all the physicians that very many who confined themselves, from habit, to the use of pump water, were attacked with fatal effect. This is surely a sufficient refutation. Perhaps the most popular explanation was that which attributed the appearance of the malady to contagion. There is much to be said both for and against this hypothesis. In favor of the affirmative it may be urged that the appearance of the epidemic was subsequent to the arrival of the two emigrants, one of whom died with the disease; that many of those who were in attendance upon these aliens were amongst the first to be attacked; and, lastly, that many cases can be instanced, in which owing to peculiar circumstances, the disease *could* have been contracted in no other conceivable way than by contagion.

The first proposition, that of the sequence of the local epidemic upon the arrival of the imported cases, is true enough. Unless taken, however, in conjunction with, and supported by other and more weighty facts, it is really worth nothing; for it is obviously unfair to conclude that, because the cholera appeared after, it must have depended for its existence upon the arrival of the emigrants. But this argument for contagion acquires importance when taken in connection with the next fact, viz: that many of those attacked had communicated directly with the sick emigrants. "Of those who fell under my care," says Dr. Smith, "I recognized many whom I had noticed in the room with the German emigrants." But "at *midnight* the cholera made its appearance in *almost every section* of the town, and by daylight there were *thirty cases*, all of which proved fatal during the same day." Now, amongst these thirty cases, what more likely than that some, or even "many of those seen in the room with the German emigrants," should have been found? Doubtless, there were many more drawn by curiosity, or more laudable motives, about the emigrants who were *not* attacked. But, above all, it is worthy of notice, that cases of Asiatic cholera had occurred in Columbia previous to the arrival of the emigrants; and if contagious *now*, the disease did not appear to be so at that time.

After the arrival of the reporter in Columbia, on Sunday the 10th, he neither heard of, nor was himself conversant with any case that could be fairly traced to contagion. Of all the physicians (except the much to be lamented Dr. Cochran, who was seized on the first, and died on the second day of the epidemic,) offi-

cers of the sanitary committee, and nurses in attendance upon cholera patients in private practice, or at the Town Hall, but *one*, a nurse, was attacked! And yet all these were most zealous and constant in attendance upon the sick. The emigrant who died of cholera, died on the night of the day on which he reached Columbia; no one of the citizens were attacked before Friday evening. Is this, then, to be considered the duration of the incubative stage of the cholera, if contracted by contagion? Perhaps the period of incubation varies—for, between midnight and daylight, there were thirty cases. But did the disease spread as those known to depend upon contagion are propagated, viz: from one to another, at appreciable intervals of time? No: "at midnight it made its appearance in almost every section of the town, and by morning there were thirty cases!"

Surely, this malignant disease which thus, in a few hours, invaded the whole town, could not have been produced by contagion, which requires either actual contact, or at least the reception into the body of some emanation from an individual affected with a similar disease.

But all the thirty cases had not been in contact with the emigrants, and it is probable that not more than two or three had been so actively engaged about the persons of the sick, as were the numerous physicians and nurses, and yet but one of the latter died! Moreover, it is necessary that these poisonous emanations from the person of one laboring under a contagious disease, should not only be inhaled, or otherwise effect an entrance into the body, but that they should likewise undergo some change, in which the body participates, before it can become a new focus of contagion. This change requires time, which varies much according to the susceptibility of the individual. But, on Friday night, thirty were seized almost simultaneously.

Contagious diseases do not seize upon great numbers at once, but progress from case to case. Therefore, it does not appear that the disease was simply contagious, nor that the cause of its extensive spread was of an epidemico-contagious character. Doubtless, there was some modification of the atmosphere favorable to the extension of the disease *in the town*; but this appeared to be connected with some *local* condition, for those living in the country and near to the town, escaped altogether. In company with Dr. Smith, the reporter visited many individuals in the country adjacent to, and within a mile or two of Columbia; these were affected with various ailments, and one, a gentleman advanced in years, and liable to derangement of the bowels, appeared to have cholera; but he readily recovered under the use of simple measures. The reporter believes this to have been the only case of the kind in the country. Communication with the country, during the

first three or four days of the epidemic, was indeed very limited.

Still, physicians from the town visited their patients in the country, living near to Columbia, and yet the disease, if portable, was not conveyed to any one.

Hence, it would appear that the cause of the appearance and spread of malignant cholera in Columbia, was manifestly connected with the air and locality; that it was eminently endemic-epidemic.

Before quitting this subject, it will be proper to give some individual cases which would appear to favor the doctrine of the contagiousness of Asiatic cholera: "A gentleman from Bainbridge visited this place during the prevalence of cholera, returned home, a distance of seventeen miles, took the disease and died. His family fled, and he was left in charge of a friend who also took it, as did another who assisted in his burial. Neither of these persons had been to Columbia, nor at any place where they could have contracted it save from his person." Isolated cases of this kind by no means prove that cholera is contagious, though they serve to render it probable. They should not, however, be regarded apart, but in connection with the host of facts rising up on every side to prove the opposite, and amongst which so vast a multitude, a few eccentric phenomena might well be supposed the result of accident.—Hundreds left Columbia during the height of the epidemic; some of these died of the disease away from home; but so far as the reporter could learn, in only one or two cases did there appear to be a communication of the disease to others.

To attempt the description of a disease which has been so frequently and faithfully portrayed by able writers, that one conversant with their writings cannot fail to recognize it, would be superfluous. It will be sufficient to mention some modifications under which the disease appeared in Columbia. Premonitory symptoms were present in nearly all the cases, from periods of time varying from several days to a few hours. The advent of the disease found many laboring under bilious diarrhoea; many, also weakened by recent attacks of remittent fever; "and, as a general rule, persons thus debilitated were first attacked by cholera." The characteristic discharges from stomach and bowels were present in all the cases; in some, profuse; in most, however, remarkably moderate, and yielding with unusual facility to the agents employed to arrest them. But the welfare of the patient oftentimes did not appear to be promoted by their suspension, nor could a favorable prognosis be founded upon the circumstance of their being small in quantity. While thus mild in the particulars specified, the case frequently presented all the other worst symptoms of the disease, viz: a rapidly failing pulse; hurried respiration; anxious expression of countenance; altered tone of voice; increasing coldness, and diminishing resili-

ry of skin; great restlessness, and violent cramps. The nervous symptoms were the most prominent. Hence, the poison may be supposed to have acted directly upon the nervous system, without its usual irritant action on the mucous membrane of the alimentary canal; or else, that the effusions really took place into the bowels, but were retained. Opportunity to determine the last by actual inspection did not offer; but the physical signs failed to indicate the presence of a large amount of fluid in the bowels. The altered voice when present, was regarded as most unfavorable. The cramps were chiefly confined to the muscles of the lower extremities, but in some extended to the dorsal, abdominal, and in a few to the brachial muscles. These spasms induced extreme suffering. When reaction succeeded to the stage of collapse, it was usually attended with the greatest danger, from the liability to cerebral congestion; this was more especially the case with children, of whom many were attacked.

In the treatment of this disease—many agents of the most diverse characters—many methods, some with, some without a reason, or a good one—were tried. But, from the results, could be gleaned no argument in favor of the empirical practice. Indeed, the success of rational treatment was most gratifying—inasmuch as many were saved, who, for the lack of it, could not have recovered. In the stage of collapse, even, means were sometimes found to restore to the blood its lost elements, and cause the heart again to propel its life-giving contents to the exhausted capillaries. Such general measures as experience and observation had recommended, were adopted by the Sanitary Committee; these it is unnecessary to enumerate. By the delegates from the College of Physicians of Philadelphia, the resident and visiting physicians, a series of instructions were drawn up, and by the Sanitary Committee, printed for general distribution. A notable improvement in the health of the town followed their publication, from which, perhaps, a faithful compliance with the instructions may be inferred. (?)

It would be alike tedious and unprofitable to mention all the means and drugs employed in the treatment of the disease.

In view of the great discrepancies that exist as to the pathology and nature of the disease, that treatment was the safest, and no less successful, which was based upon indications drawn from the symptoms. If the physician was so fortunate as to see a case in its incipency, he seldom experienced difficulty in arresting its progress. The diarrhoea, unless clearly to be traced to the presence of irritating ingesta, was met at once, and successfully with astringents, the particular article of the class used being determined by the preferences of the physician.

Opium, or some one of its preparations, was almost always used in conjunction with a mineral or vegetable astringent. Large opi-

ste enemata were used with the greatest advantage when everything else had failed. It may be observed now that throughout the treatment of the disease, perfect rest and quietude in bed were deemed essential to success.

In large or small doses, some preparation of mercury was very generally employed, and that throughout the attack. In the first, second and third stages, to restore the secretions, especially that of the liver; in the fourth stage, that of reaction, as a sedative, and for its general alterative action.

Unfortunately, a large number of patients were, when first seen by the physician, already in a collapsed state, and the end, not far distant, was but too frequently fatal. Nevertheless, some even of the worst of these recovered under judicious management. The great object in this stage was to prevent the further loss of the serum of the blood, to allay nervous irritability, and support the system until it could react. To accomplish the first indication, the most powerful astringents were used, perfectly by injection; while, to supply the waste already sustained, ice-water in small quantities at a time was freely given, a salt of soda in small doses being added from time to time. Very large doses of opium were given in this stage, without inducing any impression whatever; when carried still further, a comatose condition was induced, which would cease in a short time, if the narcotic was discontinued.

Though the application of friction and warmth to the surface was markedly disagreeable to some, many yet seemed to derive relief from their use. These applications oftentimes seemed to lessen nervous excitement, to have a quieting, soothing effect upon the patient; and, certainly, were the most useful of all the agents employed for the relief of the cramps. These spasms were most rebellious in spite of all that could be done to control them. Bandaging failed to afford more than temporary relief. Beef-tea, animal broths, salted to the taste of the patient, and likewise various stimulants were given to support the strength and equalize the circulation, so far as the condition of the blood would permit.

Perhaps sufficient caution is not used in the exhibition of stimulants. In some cases—those in which the blood, robbed of its serum, has become of the consistence of syrup—it is vain to think of deriving advantage from stimulants. If the stomach will tolerate the intrusion of dram after dram of alcohol, and quickly recurring doses of ammonia, what good will their presence in the stomach effect? Can they impart normal fluidity to the blood, or enlarge the caliber of the arterioles and venules? Even if they could greatly increase the force and frequency of the heart's action, which, fortunately, they cannot, would it not be dangerous to employ them? For a fluid of the consistency of that now found in the heart and large blood-vessels, cannot be forced through the capillary system,

brain, which often proved fatal." By the early employment of topical depletives, and the alterative action of mercury and ipecacuanha, this morbid condition was sometimes overcome. The reporter believes general bloodletting was practiced in only one case, and then at so late a stage of the attack that but little hope could be reposed in any remedial measure whatsoever. When the cholera made its appearance in Washington, Dr. Smith made use of venesection, and the result is given below in a quotation from his letter to the reporter:—

"In the second or serous stage, I know of no remedy equal to the lancet; and I am only sorry I did not use it when the epidemic first made its appearance, so as thoroughly to have tested its efficacy. It was not until after the disease ceased to prevail as an epidemic that I determined to try its effects, and in five cases in which bleeding was practiced all rapidly recovered. I was called to see a young married lady, of full habit, who had had diarrhoea for forty-eight hours, and the morning I visited her had the characteristic serous discharges from the stomach and bowels, attended with most distressing cramps in the extremities. Altogether it was as severe a case of the second stage of cholera as I saw during the epidemic; and feeling assured she would die under the ordinary treatment, I determined to try the effect of bleeding. The blood was drawn in a full stream from a large orifice, and when she had lost $\frac{1}{2}$ pint, she complained of feeling faint. The vein was closed, and gr. $\frac{1}{2}$ morphine sulph. given. After this, she had not another cramp; the purging and vomiting ceased, and with the above-mentioned combination of soda water, she rapidly recovered. Subsequently, I bled four others with like results."

Should this report appear meagre and too general in its character, the fact that no notes were taken by any of the physicians will sufficiently account for it, as well as for deficiencies and errors, should any appear.

The reporter feels it is but just to state that he spared himself no trouble in the endeavor to obtain accurate information.—[*Amer. Jour. Med. Science.*]

The Question of the frequency of Inflammatory Affections of the Cervix Uteri; and also that of their Pathological Value,
By LUTHER PARKS, Jr., M. D., Boston.

Frequency.—Inflammatory affections of the cervix uteri are thought by Dr. Robert Lee to be rare. The views of this author are shared, to a greater or less extent, by Dr. Ashwell and some others.

The grounds of disbelief in the frequency of these affections are derived from results of autopsies and of observation in the living subject.

Dr. Lee states that a large number of autopsies were made at the St. Marylebone Infirmary, and at St. George's Hospital, in which inflammation and congestion were found in but a small proportion, and ulceration of a doubtful character in but a minute proportion of cases. One hundred and eighty uteri were examined at St. George's Hospital by Mr. Gray, who found redness, slight abrasions and granulations, sometimes, but not frequently—ulcerations never, except of a specific character. "In a considerable number of cases in which ulceration had been affirmed by others to exist, after repeated and deliberate examinations with the speculum," Mr. Gray ascertained that "ulceration did not exist in the os and cervix uteri—nor disease of any kind."

The result of Dr. Ashwell's observation through many years' experience was "decidedly opposed to the views of uterine pathology which had of late years been so industriously propounded." Out of a thousand (1026) cases of actual uterine disease seen by himself and pupils, only twenty-five were found to be instances of inflammation of the uterine neck.

Dr. Lee also states that he has frequently used the speculum, but has never seen *ulceration* of the os and cervix uteri, unless of a specific, and especially of a scrofulous* and cancerous character.

In opposition to the foregoing statements are opposed the experience of Drs. Bennet, Murphy and others who have been in the *habit of using the speculum*.

Dr. Bennet explains the results of *post-mortem* examinations at the Marylebone Infirmary, by recalling on the one hand, "the well-known fact" that "the most eminent pathologists often passed over important lesions without observing them, until their attention had been directed to them," and declaring, on the other hand, that when the above-mentioned researches were made, "the practical knowledge of the inflammatory lesions of the cervix uteri did not exist in the profession." Moreover, remembering that the females in question died from general disease without the existence of any uterine ailment having been suspected, the discovery of such lesions, even in a limited number of cases, is, of itself, he thinks, a clear proof of the not unfrequent existence of the disease.

In reference to the cases quoted by Dr. Ashwell, he opposes his own observations, from which it results that out of three hundred cases presenting uterine symptoms, there were two hundred and forty-three of inflammation, and two hundred and twenty-two of ulceration. The discrepancy he explains by supposing that a speculum examination not being considered, at the time, by Dr. Ashwell to be warranted, the real nature of the complaint was not recognised in the majority of his cases.

* It is worthy of notice that Dr. Lee here acknowledges having seen ulceration—though called by him scrofulous.

Dr. Lee, also, we may add, objects strongly to the employment of the speculum, save in exceptional cases, relying upon the digital examination, which has been shown by Dr. Bennet to be unreliable.†

In confirmation of Dr. Bennet's position, Dr. Murphy‡ states that he has been in the daily habit of seeing cases of inflammation of the uterine neck, in all the stages of its progress. He has seen hundreds of cases of uterine disease, and declares that seven-tenths were cases of inflammation of the cervix uteri.

The question of ulceration has been, also, further discussed upon a somewhat different basis. The fact of certain appearances being taken as a postulate, the question is considered, "do these appearances denote ulceration?" Dr. Snow Beck replies in the negative, claiming that only abrasion has been proved to exist. Dr. Lee acknowledges having seen *excoriations* or *granulations* upon an intensely-red base (an important admission we may remark by the way;) and the writings of Dr. Snow Beck (also until recently, those of Dr. Tyler Smith) tend to the point that these are in reality the appearances described by Dr. Bennet as ulcerations; that there is in them no solution of continuity, and, consequently, that they do not deserve the title of ulcerations.

Dr. Bennet, on the other hand, quotes authorities to sustain his use of terms, and states that in the appearances he describes, the granulations may be "large, fungous, livid, and bleeding at the slightest touch."

Dr. Murphy also says that in the cases he alludes to (as cases of ulceration) there should be found "a circumscribed inflammatory surface secreting pus;" and implies the question—"what is the inference in regard to such an appearance?"

An answer to this question may be found in the results of the brilliant researches upon the subject lately conducted by Dr. Tyler Smith. Dr. Smith states that in the course of his microscopical investigations of the cervix uteri, the basement membrane, with its superimposed epithelial layer, was found to cover numerous villi or papillæ.

Now, Dr. Smith states that with the assistance of Dr. Hassall he has examined many cases of "abrasion or superficial ulceration." In a portion of these cases there was merely a loss of epithelium, and he declares that in analogous states in the living subject, the mucous surface is of an intensely red color from the presence of the naked villi, with their vascular loops, and conveys the "velvety" sensation which has been described as indicative of ulceration; the villi, in this condition, standing out like the "pile of velvet," and be-

† M. Dupuytren also observes that "mucous ulceration" of the cervix uteri may be easily overlooked if we proceed no further than an examination with the finger.

‡ Of the University College, London.

ing in some cases considerably enlarged. But, in other cases there is not merely loss of the dense epithelium, but the *villi*, both of the external surface of the os uteri, and of the mucous surface within the labia uteri, *are destroyed in patches*. In that condition of the os uteri, which, upon examination after death would be pronounced *undoubted superficial ulceration*, the state which generally obtains is partial or entire loss of the epithelial layer in circumscribed patches, and here and there *the loss or partial destruction of the villi.*" * * * * "Sometimes small circumscribed *ulcers* were seen, in which the denuded or partially denuded villi are found surrounding the edge of the small ulcer, *the area of the ulcer itself being bare of villi*, and the ragged debris of villi, and their vascular loops, appearing at the bottom of the ulcer."

Again, he says, by far the most common lesion is "*epithelial abrasion*," but there is a second grade in which "*the villi and occasionally the base from which they spring are effected from a superficial ulcerative process, which may be designated as villous abrasion, erosion or ulceration.*"

Finally we quote the following words of Dr. Smith. "In one case which I examined after death, not only the villi, but *portions of the lower rugæ* in the glandular portion of the cervix were eaten away."

Now, what shall we conclude but that there is such a thing as *ulceration* of the cervix uteri; though less frequent than an antecedent stage of the inflammatory process—viz., *abrasion*. The distinction between these two states we believe to be not always borne in mind, and to be not always easy. It is, however, not of the highest practical consequence. For, although *other things being equal*, a less degree of disease will cause less suffering than a greater, yet in practice the "*other things*" are so far from being actually equal in different cases of female complaints, that I had almost declared the intensity of the symptoms to bear a correspondence less close to the intensity of the disease, than to the idiosyncrasy of the patient.

To revert to the question of the absolute frequency of ulcerative appearances, we have seen that Dr. Bennet found them in two hundred and twenty-two out of three hundred cases presenting uterine symptoms. We will add that Mr. Whitehead, as the result of very extensive observation, found them to be a very frequent occurrence in the females of the city of Manchester. But, finally, last, but not least, we have the statement of Dr. West, of London, in a work lately written to disprove the pathological importance of the ulceration of the os uteri, that of sixty-two uteri taken from patients who died in the medical wards of St. Bartholomew's Hospital, of *other than uterine disease*, seventeen were affected with ulceration of

the os (a most striking fact under the circumstances;) and that out of two hundred and sixty-eight cases in which the speculum was used in the living subject, the os uteri was found to be the seat of ulceration in one hundred and twenty-five.

We consider, therefore, the frequency of ulcerative appearances, at least as well as of other forms of inflammation, fully proved.

We have now a word to say upon the *pathological value of inflammatory affections of the uterus*. From the general tone and drift of Dr. West's paper, already referred to, and of the remarks of those who, as reviewers, have eulogized it, one might be led to infer that not alone *ulceration* was under consideration, but that *inflammatory diseases* generally had been the object of his investigations. Dr. West dogmatizes as though he had shown that the diseases requiring ocular inspection of the womb must be comparatively rare, so much so that the employment of the speculum must therefore seldom be requisite. He combats the modern views of uterine pathology which locate, so often, in the *uterus* the source of uterine symptoms, compassionating its supporters as mistaken enthusiasts, and, while acknowledging that ulceration of the os uteri is not absolutely unimportant, intimates the more frequent dependence of uterine ailments on constitutional causes. These conclusions would seem, from his course of remark, to flow as deductions from his observation of the numerous cases examined by the speculum. His results are given in the form of tables, and, so far as they go, are admirably presented. But, an examination of these tables, and even his own summary of results, when he distinctly presents it, shows that no such conclusions as the above are warranted by his statistics. The only inferences deducible affect, not inflammatory affections generally, but only *ulceration*—and that, simply in comparison with other uterine affections, other forms of inflammation, for all that appears to the contrary, among the number.

Out of 1226 cases, in 268 the symptoms appeared to Dr. West to justify the use of the speculum. From these 268 cases (which he divides into two classes—those in which the os uteri was found to be the seat of ulceration, and those which showed no sign of that condition,) he chiefly draws his conclusions, though for some purposes, he properly compares them with other cases.

Some of the most important results which he deduces from the above cases are, that, while “menstruation was found to be oftener excessive, leucorrhœa to be more frequently profuse, in cases where the os uteri was ulcerated,” (and in like manner, he says “the existence of that condition seems to be accompanied by pain diffused generally over the whole pelvic region more frequently when the os uteri is ulcerated than when ulceration is absent;) and, while “the symptoms”—identical in character with the two classes of cases”

—"seem to present a slightly increased degree of intensity in those instances in which ulceration of the os uteri existed—yet, "uterine pain, menstrual disorder, and leucorrhœal discharges—the symptoms ordinarily attributed to ulceration of the os uteri—are met with independently of that condition almost as often as in connection with it."

Now, I would briefly ask, what is there in these conclusions, which, if they had been enunciated by Dr. Bennet himself would be inconsistent with his teachings? Is it to *ulceration* that his catalogue of *symptoms*, strictly speaking, is referred? Does he not constantly consider *inflammation* and *ulceration* together, save in speaking of those local changes—the consequences of ulceration (as, for instance, hypertrophy) which he sees fit to term the *anatomical* symptoms of the latter state? Nowhere, so far as I know, does Dr. Bennet or any other observer assign to ulceration the predominance above intimated over at least other inflammatory affections of the cervix uteri.

Let us now, by way of further example, analyze some of the results of Dr. West's first table—that prepared with reference to the relation between ulceration and *sterility*.

In 980 healthy women delivered by pupils of St. Bartholomew's, the average number of children to each marriage was 4.17.

In 980 patients with uterine symptoms, examined or not with the speculum, the average number of children to each fruitful marriage was 2.7.

In 125 patients* *with* uterine symptoms, examined with the speculum, in whom no ulceration was found, the average number of children to each fruitful marriage was 3.8; In 117 patients with uterine symptoms, and with ulceration, as shown by the speculum, the average number of children to each fruitful marriage was 3.5.

In the total number (980) of patients with uterine symptoms,† the proportion of sterile marriages was 1 in 8.5. In those of the above who were examined with the speculum (125 in number) and found not to present ulceration, the proportion of sterile marriages was 1 in 5.2. In the remainder (117) in whom the speculum showed ulceration, the proportion of sterile marriages was 1 in 7.3. *But no statistics were obtained of the proportion of sterile marriages in healthy women, or women without uterine symptoms.*

Now, as says Dr. West himself, "we cannot but be struck with the great diminution in fecundity in those women who were suffering from ailments of the generative system;" and we may add that to those who will believe that in the absence of proof to the con-

* It should be noted that no statement is given as to whether or not other forms of inflammatory affections than ulceration existed in these 125 cases.

† The clause capable of affording statistics in this connection should be inserted.

trary, the larger portion of these cases was made up, wholly or in part, of inflammation (their belief being founded upon the statistics of West himself as well as upon those of Bennet,) the above facts will be confirmatory of the influence of inflammation upon conception.

"This result, however," Dr. West remarks, "instead of being more marked in cases of ulceration of the os uteri than in those where no such condition existed, appears in reality to be less so."* In reply to this proposition I would ask, who has alleged the greater or less influence of ulceration in this respect? Has any one made ulceration the cause of sterility, instead of placing it *among* the causes of that state? Has, in fact, ulceration been dwelt upon as (more than other forms and terminations of inflammation) a specially active cause of sterility? Certainly it has not been thus dealt with by Mr. Whitehead or Dr. Bennet.

Mr. Whitehead enumerates the causes of sterility thus—"diffuse chronic endo-enteritis; morbid states of the uterine and vaginal secretions—their deleterious effect upon the spermatogenicules." "Chronic endo-enteritis," he says, or what may be called irritable uterus [*not ulceration*,] is in fact one of the most frequent causes of sterility."

In the 9 cases of sterility reported by Mr. Whitehead, the attending lesions mentioned are sanious leucorrhœa and infirm health; sanio-purulent leucorrhœa, endo-enteritis, dysmenorrhœa, secondary syphilis, procidentia uteri, profuse leucorrhœa, ulceration and erosion. In none of the above cases is ulceration set down as the sole diseased condition, and in four only is it mentioned as occurring at all.

I rise, in fine, from Dr. West's work with the impression that while the large proportion of speculum examinations which revealed ulceration by Dr. West are of great value as confirming the experience of Dr. Bennet and others, in relation to the frequency of ulcerative appearances (the observations being made by one who would not be likely to see the lesion in question, *where it did not exist*,) the former observer's statistics do not invalidate any of Dr. Bennet's positions, unless it be, perhaps, to a certain extent, the influence of ulceration upon hypertrophy.

In conclusion, I would remark in relation to the pathological value of inflammatory diseases of the cervix uteri generally, that while the causes to which female ailments were formerly assigned, were vague and unsatisfactory, and their treatment inefficient, the modern uterine pathology, in ascribing those ailments in a large degree to uterine inflammation, is, to some minds at least, tangible

* In justice to Dr. West, it should be stated here that he observes that "the number of facts from which this table is constructed are too few to justify any such inference" as that sterility is less likely to occur where there is ulceration than in other cases.

and rational, and the modern treatment productive of the removal of the symptoms. In a word, females present themselves with certain abnormal appearances at the cervix uteri, and with certain symptoms. A certain course of treatment is adopted, *unlike that formerly employed*, and as a general thing the abnormal appearances are removed, and *unlike what formerly happened*, the symptoms take their departure.—[*Bos. Med. and Sur. Journal.*

Extracts from Records of Boston Society for Medical Improvement.

Intermittent Fever; Homeopathic Treatment; persistence and aggravation of the Symptoms; Treatment by Quinine and other usual means; immediate arrestation of the Chills; rapid recovery.—Dr. MORLAND read the following account. It is well known that homœopathists adduce the curative action of cinchona in intermittent fever, as “one of the strongest possible proofs” of the truth of their doctrines; in fact, “It was in attempting to ascertain how cinchona cured ague or intermittent fever, that Hahnemann made his alleged discovery.” While experimenting upon himself with the bark, “an intermittent fever ensued,” and he came to the conclusion that the drug must cure intermittent solely by its power, as he asserted, of producing like symptoms in a well person; and hence his deduction “*Similia similibus curantur.*”

Professor SIMPSON (*Homeopathy: its Tenets and Tendencies*; Edinburgh, 1858) has well shown the fallacy of the premises upon which Hahnemann founded his system of practice; and he has abundantly proved it not to be true that intermittent symptoms are, by any means, invariably produced, as above asserted; and not only so, but he shows that such an occurrence is a very rare and quite an exceptional thing. We can readily suppose that, if the very imagination which suggested in Hahnemann's mind the idea which serves as a motto for his system be so utterly fallacious, the attempts to cure intermittent fever by infinitesimal doses of quinine, would signally fail; the endeavor itself thus becomes a severe test of the practice; and even homœopathists confess their want of success. (*Vide SIMPSON, op. cit.* p. 248, Edin. Ed.)—How absurd, in view of such facts, do the confident assertions of the majority of homeopathic practitioners become, such as the dogma that “if any remedy be homœopathically selected, it will cure,” in whatever dilution it be given?

By their own showing, cinchona and its extracts are “homœopathically selected,” if administered in intermittent fever; why should they ever fail in their hands, particularly when the medicine is properly and sufficiently *diluted*, to adopt their, to us, ridiculous phraseology,

In the serious matter of compromising a patient's existence, by a do-nothing course, in a case demanding the most decided remedial interference, it is unfortunate that the public cannot be enlightened as to the responsibility incurred, and the neglect practiced, not only by the practitioner who persists in leaving unassisted Nature to struggle with an opponent sure of gaining the mastery, but also by themselves, in allowing their friends thus to be left to their fate.

With a view of illustrating, in some degree, these positions, the following account of a case has been prepared.

Mrs. ———, a young lady of delicate constitution, and for several years a resident in a tropical climate, had, during the latter part of 1853, while at the South, an attack of intermittent fever of the tertian type, and of but slight intensity; it readily yielded to quinine. She came to the North, in January, 1854, and by a fatiguing journey; being far advanced in pregnancy with her third child; fatigue and apprehension caused by accidents during the journey, nearly produced miscarriage soon after her arrival, and she suffered from weakness and cough, until the period of confinement, February 26, 1854, having completed her full term. The access of labor being somewhat sudden, a midwife was first in attendance; there was retained placenta, and profuse and exhausting flowing subsequently, which, supervening upon her previously weak condition, reduced her to an alarming state; she was perfectly bloodless in appearance; greatly emaciated; her pulse rapid and feeble.— She, however, rallied; and in from three to four weeks, went down stairs to dinner. At this time, a most unfortunate epoch for the advent of new trouble, chills, followed by fever, came on, and a regular *tertian* was declared. She was attended by a homeopathic practitioner, who administered various infinitesimal doses; and, finally, but not until the tertian had become quotidian, gave quinine in so diluted a form (stating it to be the "first dilution") that, when subsequently asked by the physicians who finally managed the case, how much he gave of the salt, he was unable to say. Under this course the patient continued to grow weaker; the chills recurred, with violence, every twenty-four hours, and generally at an early hour of the morning; after each attack the patient evidently had less and less the power of resistance. On the arrival of her husband, who had been absent during this last illness, he immediately dismissed the attending practitioner, remarking that, even to the eyes of persons unskilled in medicine, it was sufficiently evident that Nature unassisted, could not, in this case at least, do the work of cure—however possible such a result might be in a robust person.

On Tuesday, April 4, 1854, I was desired to take charge of the patient; but, in view of her then almost hopeless situation, declin-

ed to do so unless with a previous consultation; which being consented to, Dr. Bigelow, Sen., saw her with me, at about noon of the above day. There had been a severe chill about ten or twelve hours previously. Dr. Bigelow expressed strong doubts as to her recovery, taking into consideration the previous history and her present very weak and alarming condition. It was, however, resolved to give quinine in as large quantity as the system seemed likely to bear, combined with nourishment sedulously and judiciously given (the latter point had been, in good measure, attended to previously;) the administration of the remedy was immediately commenced—two grains every two hours; at a second visit, same day, P. M. I directed brisk friction with warm laudanum, just before the expected chill, with fifteen drops of the same internally; dry warmth to be afterwards employed (in place of wrapping the patient in a blanket soaked in warm water, as was done by the former attendants,) and the said friction to be kept up as long as there seemed even a tendency to chill.

April 5, 1/2 o'clock A. M. there had been no chill; patient expressed a sense of comfort at her escape from it. Pulse, about 110, feeble; skin natural. Perge. The same course of treatment was pursued, with the same, and with constantly better results, as regarded the patient's progress towards recovery. Much of the success attained is doubtless to be ascribed to the untiring exertion of the patient's husband in giving the quinine regularly, securing the prompt administration of food, and making the frictions with his own hands; these latter, either with warm spirit, laudanum, or with the dry hand, were resorted to on the least feeling as if of threatened chill. There was, however, no recurrence of the chills which, before the change of treatment, had been so regular of access. The quinine was continued for two weeks; for the first week in the dose above stated; during the second it was gradually diminished, and finally suspended. Citrate of quinine and iron was given pretty freely during convalescence, which was rapid, when the extreme prostration is considered. The pulse, three or four days after commencing the quinine, sank from over 100 per minute, to 96, 90 and 80; it gained strength and regularity daily; the appetite became strong; the digestion was good; color returned to the previously white lips. In the second week of treatment the patient could walk across the floor, with assistance (ten days before this she could scarcely lift her hand,) in a few days she was out, and in a very short time, she whose chance of life was pronounced "not worth the toss of a dollar," went from Boston to Washington, D. C., bore the journey well, grew stronger and gained flesh rapidly, has since gone to Europe, and by late accounts is quite well.

I firmly believe that what is said by Dr. Bartlett (*Treatise on*

Fevers, 1847) of the "congestive form" of periodical fever, would have proved true in this case of simple intermittent, had the same course been continued under which it became so grave. Dr. B. says: "The paroxysms must be arrested or the patient will die; the only agent in our possession, by which this can be done, is the bark, (cinchona) and its preparations; and no time is to be lost in their use." (Op. cit. p. 391.) The question will arise, how any well-educated practitioner (in this instance the homeopathist in attendance was such) could, in conscience, allow the disease to progress, when to his knowledge, he had the means of arresting the paroxysms at hand. One mere quotation seems so apposite that it may be admitted: "All that respects the disease, and all that respects the remedy, is so marked, so sudden, and so forcible, that physicians neither doubt nor reason about the matter. They see what happens, and, resting upon the evidence of what they see, they know that the disease is cured by (mercury)" quinine. (Latham On the Heart, vol. i. pp. 266-7.) Dr. Latham is speaking of mercury—by substituting "quinine" the sentence is quite in place.

It is often remarked that one isolated case proves nothing; granted—yet an aggregate of such cases will surely prove something; and amidst the boasted "cures" of the homeopathists, it seems but simple justice that a counter-report should occasionally be made. To most legitimate practitioners, however, such cases, singly, must carry their own evidence.

At the next subsequent meeting (February 12th, 1855) Dr. Gould related the following case, of which he had been reminded by the above:

A gentleman from the State of New York, on a visit to Boston had an attack of tertian, and placed himself under homœopathic treatment. The paroxysms grew more severe, and became quotidian. Consultations were held, but no abatement was experienced; and after two weeks, being very much exhausted, it was concluded by both patient and doctor, to abandon that method of treatment. On surrendering his patient, the physician remarked, that he presumed that the disease would soon be arrested, as it was well known that quinine would control fever and ague. Being asked, why then did he not employ it, he replied that it was not in accordance with their doctrine, and therefore he preferred not to try it.

On visiting the patient, he was found to be deeply jaundiced, and his liver protruding from under the ribs; bowels constipated. Blue pill was given, and hot fomentations were applied to the hepatic region. The bowels were freely evacuated, discharging large quantities of bile. One paroxysm, only, occurred subsequently, and the recovery was very rapid and complete. No quinine was given.

[The statement of the homœopathist, in this instance, that the use of quinine in intermittent fever is "not in accordance with their doctrine," only serves to expose his ignorance of his master's teachings, and indeed of the basis of the "doctrine;" as noticed in the remarks prefatory to the first case.—*Secretary.*]*—Amer. Jour. Med. Science.*

EDITORIAL DEPARTMENT.

The following is a part of the proceedings of A. M. A., and will conclude the report in the next number. We call the attention of the reader to the eloquent and masterly effort of Mayor Conrad in reply to an able address of Dr. Hays. It would be a source of profound gratification if all would do the justice he has been so generous as to accord to the profession. Amid our trials and difficulties we would then find consolation in the assurance that our labors and sacrifices were appreciated.—*ED. JOUR.*

EIGHTH ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.—This body met on Tuesday, May 1, at Musical Fund Hall, in Philadelphia. During Monday a large number of delegates arrived, and there was a full attendance at the Hall on Tuesday, A. M. The Hall had been fitted up for the convention. In the lower room was placed a finely executed stone intended for the Washington Monument. The stone bears the following inscription.

INSTITUTED
MDCCCXLVII.
Vincit Amor Patriæ.

On the face of the stone was cut, in alto relievo, a most beautiful representation of Hippocrates refusing a bribe tendered him by Artaxerxes, the King of Persia. The stone is four feet by two, and twenty inches in thickness.

The Hall is divided into two portions, one for the convention, and the other for the persons who have tickets of admission to witness the proceedings. At an early hour, a large number of the delegates presented their credentials in the lower room, and their names

were duly registered. A committee continued to sit there for the reception of delegates from abroad.

The following officers of the association appeared in their seats:

President—Dr. CHAS. A. POPE, of St. Louis.

Secretaries—Dr. Francis West, of Philadelphia, and Dr. E. S. Lemoine, of St. Louis.

The Association was not called to order until half past eleven o'clock.

The President invited all ex-Presidents and ex-Vice-Presidents to take seats on the platform.

The first business in order was the report of the committee of arrangement.

Dr. Isaac Hays, of Philadelphia, Chairman of the Committee of Arrangements, said that on behalf of the profession of Philadelphia, he would extend a cordial greeting to the members of the Association. It gave them the highest pleasure to have the Association among them. The committee had made the best arrangements in their power, to render the sojourn of the delegates agreeable. While this was felt as a duty, it was also a gratification.—Eight years have elapsed since this Association was first organized in Philadelphia. In every city in which the annual meetings of the society have been held, our delegates have been treated with an elegant hospitality which we cannot rival. But it was hoped the efforts of the committee would render agreeable the stay of the assembled wisdom of the noblest of professions. Dr. Hays then stated that 337 delegates had registered their names. By general consent the usual calling over of this long list of names would be dispensed with, and the association proceed to the next order of business, which was the calling of the roll.

Dr. West then called the roll.

The address of the President, Dr. Charles A. Pope, of Missouri, was read after the calling of the roll. We give it in full.

GENTLEMEN—With feelings of grateful pleasure, I meet you, and greet you on this occasion.

For high and useful purposes have we assembled from the wide extent of our beloved country. The elevation of a noble profession—the promotion of science—the good of humanity—these have been, are, and will continue to be the objects of our association.—Whether we have, thus far, done much or little, our sole aim has been the advancement of the best interests of our fellow men. I shall not assert that we have done as much as we might have done, or that the course hitherto pursued by us is so perfect as to admit of no improvement. Were such the fact, and were the association a firmly established institution, I might have experienced more hesitation in the selection of a theme for the present occasion. And since we cannot, as yet, I think, urge such a claim, the few sugges-

tions which I shall offer, are made with becoming diffidence, but at the same time with a deep sense of their importance to the welfare and perpetuity of our association.

Some strictures on our proceedings, in medical and other journals, have appeared within the last year, as well as in previous years. I shall not here blame the authors of them. They are, doubtless, as proud of our noble profession as we, and equally with us, anxious for the advancement of its interests and its honor. I thank them for their suggestions. All of us are ready to hear them and to profit by them. If any more effectual mode of arriving at truth can be devised than that which we have heretofore pursued, all of us are ready to follow it, and would rather thank than quarrel with those who propose it.

Physicians have an almost superhuman mission to fulfil. The goal of their ambition, and their hopes, and their duty, stands at the *ultima thule* of human capacity—nay, rather beyond it. It cannot, indeed, be said that their duties are beyond their powers, but their ambition, their hopes, their wishes certainly are. They would gladly know, not only all the secrets of organization, but those also of Pathology and Therapeutics. To arrive at such knowledge is, perhaps, beyond the attainment of the human mind. Multiform are the elements which enter into the problem of health and disease. Health is, itself, a constant change of composition—diseases are ever varying changes, supervening on this.

Do we know, with all our advancement, and after all the toil of our predecessors for two thousand years, the exact changes in which any disease, the fevers, for instance, consists? And even when we shall have learned these, so as to understand them as well as the most ordinary chemical changes, the ever varying character of most diseases, and the inward disturbing influences upon them of the mental and moral emotions, would require to follow them, a continued stretch and power of intellect, of which it is doubtful if man be capable. This exactness of knowledge is not, I grant, necessary to the very successful practice of medicine. Our profession can render great and important services to man without it, but with it, it would be still more serviceable. To it our ambition tends. To this perfect knowledge we aspire. Although we may never reach, we can yet eternally approach it. In the vast region of our researches, there is no probability that human genius will ever, Alexander-like, weep for the want of unconquered provinces. Beyond the conquests of the future heroes of the profession, there will always be a boundless field for the ambitious and philanthropic explorer. In the language of a western student, "the science of Medicine, like the liver of Prometheus, is sufficient to glut the eagles of all time."

The object of this association is to do something to advance the

profession toward the far-distant goal of perfection—to aid the solution of some of the problems and enigmas of life and organization—to add some material to the growing temple, whose foundations were so firmly laid by the Coan sage, and to do its part, as best it may, in the cause of humanity. Nor do I think that, so far, it has altogether failed. Many valuable contributions to science have been elicited—professional ambition has been stimulated—an *esprit-du-corps* has been successfully evoked and established.—the strength of the profession has acquired additional power by the union of its members. This association has been to physicians what the railroad and electric wires are to commerce, and the interchange of useful knowledge to states and nations. It has made us one, and, as I have just remarked, in unity there is power.

This association has stimulated thought. Chaotic and void would forever remain the masses of facts, accumulated by the observations of ages, but for the coordinating and logical power of reason. It sits in judgment on the silent phenomena, as a “refiner of fire, and a purifier of silver.” It forces the voiceless facts to mount the tripod of the oracle, and speak forth words of wisdom. The scalpel, the crucible, the microscope, may be subsidiary to its purposes and ends, but they cannot supply its place. Fixed and patient thought, in medicine, as in other departments of science, is the Aladdin’s lamp that lights the footsteps of the discoverer.—To stimulate attention and thought, is to accelerate many a new discovery—to hasten the advent and establishment of important principles yet in the womb of the future. May not our association do this more effectually than it has hitherto done?

Let all the contributions be read and attentively considered.—Such a course would certainly be more encouraging, as well as more respectful, to their authors. Let the reports be deliberately and fully discussed, and let them go forth to the world with the sanction or the criticisms of the association. This would require time, it is true, but if we have time to meet at all, surely a few days would make but little difference. The good that would be effected would yield a ten-fold compensation for the time employed. Every one must admit that three or four days is too short a time for the association readily to fulfil its annual mission.

I would, moreover respectfully suggest, that time be taken for the discussion of some of the leading topics of medical philosophy. Among these may be mentioned the nature, causes and treatment of cholera, yellow-fever, et cetera—Hygiene, and the laws of health affecting masses of men—Quarantine—the causes of mortality among children—the chemical and vital doctrines of life. Questions like these, indicated a year in advance for discussion, would excite a carefulness of investigation, and a degree of attention and thought which could not fail to clear away much of the darkness

and doubt in which they are shrouded. Nothing so sharpens the intellectual powers as public debate. It fixes attention, and strains to the utmost every faculty. I have no hesitation in saying that facts enough have been accumulated to establish great and general principles, of which the medical world is yet in ignorance and doubt. Nothing would contribute more to demonstrate these principles than the collision of matured intellects in public debate.—What a mass of facts, and arguments, and demonstration, would be brought to bear, on any of the subjects alluded to, if some of the best minds in the profession would debate them, after a year's preparation! Observed facts are the crude materials of science—the intellect is the master builder of its august temple.

I make these considerations for your consideration. All the scientific meetings in this country and in Europe, employ more time than ours has hitherto employed. Evidently we must protract our sessions, if we would render them as serviceable to science as they may be. No member of the association will be required to remain longer than suits his wishes or convenience. Some fifty or sixty, more or less, would always be found to listen with eagerness to scientific papers, and engage with pleasure in scientific discussions.

The time has probably arrived for a change in our plan of organization, which will admit of the selection of a permanent place for the future meetings of the association. There are evident advantages incident to both the migratory and stationary plans.--- These might, perhaps, be easily reconciled, and secured. A proposition, if I mistake not, was made some years ago, by the Smithsonian Institution, and I would respectfully suggest, whether it would not be in accordance with the best interests of the association, to hold biennial meetings in Washington, and the alternate ones, as now, at different points of our common country. We might thus secure all the advantages of a fixed abode, in the way of preserving the archives, making collections, etc., whilst by meeting in various localities, we could not fail to excite that wide-spread interest among the profession, and obtain such accessions of new members as would greatly enhance the high and useful objects of our association. Should this proposal meet with your approbation, I would further intimate, that policy would, perhaps, require the meetings of the association at the National Capital, to be held in the years of the short sessions of Congress.

I shall say but little of the legislative duties of the association. I shall say nothing of the propriety or impropriety of getting laws passed to regulate the practice of medicine, and furnish standards for candidates for the doctorate. Perhaps the association can do but little in this respect. Ours is a popular government, and the people are disposed to allow the largest freedom in everything pertaining to medicine, medical schools and physicians. Laws passed

against quackery one year and revoked the next. Our country is the paradise of quacks. All good things have their attendant evils, and this unbridled liberty is one of the evils of a popular government. May we not hope, however, that even this evil may disappear, as general education and cultivation of the masses advance? At any rate the people are not disposed to put down the quacks, nor to require too high a degree of qualification for those of the regular profession. After all, laws can make only mediocre physicians. They can require the candidates to know only so much---to be qualified to a certain degree; and this degree will always be far lower than that to which the true lovers of knowledge would attain, without any legislation on the subject. The greater lights of the profession cannot be manufactured after any process of legislative enactment. Thirst of knowledge, self-love, philanthropy, burning ambition---these make the great physician and surgeon. These have made all the worthies of the past---not legislation. Legislation cannot drive the drone to the proud heights of professional eminence. When these heights are reached, it will be seen that the successful aspirant has been stimulated by a stronger power.

To him the laurel-blossoms of renown and the life-giving mission of his art, are dearer and more attractive than was the mystic bough of the sibyl to that eager Æneas; or than the golden apples, guarded by sleepless dragons to the Hesperian daughters.

Whatever course you may think proper to pursue, I am sure your objects will be, the advancement of science---the good of mankind---the honor and glory of the profession. We have the dignity and character of a noble calling to sustain---of a profession which has numbered, for two thousand years or more, some of the wisest and best of men in all countries and all times. It is no trivial matter, to sustain the rank and respectability of a vocation which can boast of a Hippocrates---a Harvey---a Hunter---of the most erudite and beneficent of sages and philanthropists the world ever saw---of a profession which has furnished to every nation its *clarum et venerabile nomen*.

On the eve of the battle of the pyramids, Napoleon exclaimed---"Soldiers! from the height of yon monuments, forty centuries look down upon you." Gentlemen, from the heights of past ages, countless worthies of our God-like profession point and beckon to a goal more elevated than that which attracts legislators and conquerors, Solons and Cæsars.

On motion of Dr. J. Biddle, the thanks of the association were tendered to the President, Dr. Pope, for the eloquent and able address just delivered.

Dr. Hays then announced the various excursions planned by the committee of arrangements for the pleasure of the association.

Dr. Condie introduced a resolution on the subject of permanent

membership, which was discussed, and an amendment offered by Dr. Watson, of New York. The whole subject was, on motion of Dr. White, of Buffalo, referred to a committee of three. The chairman appointed Drs. White, of Buffalo, Watson of New York, and Condie of Philadelphia, such committee.

A recess was then held, during which each State appointed a member of the nominating committee. Some amusement was created by the delegation from New York. A large number of its members had gathered upon one side of the hall, while a smaller party were in session in the center of the room, composed of some few of the older members of the profession. "Young America" yielded, and went over to the gray heads just in time to confirm their action, which had been duly arranged beforehand. This piece of generalship was received with a good-natured acquiescence.

On the resumption of business, invitations from Detroit, Nashville, and Chicago were presented, asking the association to meet in these localities next year.

Dr. D. D. Thompson, of Kentucky, moved that the regular order of business be dispensed with, to take up the amendments to the Constitution offered at the last annual meeting.

The association seemed to have had its dose of constitution, and manifested decided objections to any further tinkering with the organic law. This was a great blow to some of the prominent members, as it deprived them of their annual delivery of long speeches on a subject which is very interesting to them, if not to others.—we felt aggrieved, also, inasmuch as we intended to have had full and accurate reports of these abortive speeches, and we have based on them certain well-digested views of our own on the feasibility of pleasing every one.

A report was received through Dr. La Roche, from the committee on prizes. The report stated that the committee had received six essays in competition for the prize offered by the association. But, although these essays evinced much ability and extensive learning, but one was decided to possess those qualities which deserved the award of the prize. The essay was entitled, "Statistics of Placenta Prævia." The name of the author was announced as Dr. James D. Trask, of White Plains, New York. (Applause.)

On motion, the report was accepted and the prize essay was referred to the committee on publication.

The committee on epidemics of Missouri, Iowa, Illinois, and Wisconsin, submitted a voluminous report, the abstract of which occupied a long time in reading.

On motion, the report was referred to the committee on publication.

Dr. White, from the committee to whom was referred the resolution in regard to the permanent members, submitted a report, recommending the adoption of the following resolution :

and condition. Meanwhile the cholera made its appearance among the unfortunate inmates, and although we could conceive of nothing more appalling than the presence of such a disease among the insane, yet he labored with them constantly, by night and by day, and until the disease subsided, with untiring assiduity and a humane devotion to their best interests.

Subsequently he was elected Prof. of Obstetrics in the Medical Department of the Missouri University at St. Louis, and having secured valuable interests in this city and county, with his family he removed to this place.

Prof. Allen has the reputation of an accomplished teacher and lecturer, beside being a profoundly scientific man. As he has selected this city as his future home, where he will engage in the practice of his profession, this Institution will find in him an important acquisition, the profession a valuable addition, and society a valuable member.

He has brought with him very many valuable and most interesting appliances for the full illustration of his branch, so that we can promise the class of the coming session that the next course, through the arrangements in progress in this Institution; will prove to be the most interesting and profitable of any previous session, and will fully answer the fondest wishes and highest expectations of those who will attend for the laudable purpose and object of scientific improvement.

COLLEGE ANNOUNCEMENTS.

Owing to the illness of the Dean of the Faculty, the Announcements for the next College Sessions have not been made as was intended. As he is now rapidly convalescing, they will appear in due time for distribution.

In advance we would say in answer to numerous enquiries that arrangements have been made, and others are in progress, not only for the ample accommodation of all who desire to attend, but for largely increased facilities in every respect for instruction. The new College Hall, heretofore unfinished because not required, has been fitted up in a style and manner not exceeded by any other in

IOWA MEDICAL SOCIETY.

The Iowa Medical Society met in this city on Thursday, June 14th. There were present of old members, about twenty-five. A number of new members were admitted. The proceedings will be published in the next number of this Journal.

The meeting being small caused, perhaps, more familiarity of intercourse, and the proceedings assumed rather a colloquial turn, which in our opinion should ever characterize such associations.

It cannot be denied that in the attempt to systematize and give a more formal and scientific aspect to our medical associations, we have to some extent limited the practical results, which we should expect to derive from the professional intercourse secured by them. The usual mode of appointing committees with special duties and subjects of report, is well enough as tending to give permanency and method to our transactions, but so far as they prevent a familiar and free expression by individual members, upon any and all subjects of medical interest, they mar the real good and thwart what should be the real design of such periodical assemblages of medical men. Formality, beyond what is required to systematize, always obtains at the expense of the vitality of effort.

It is too commonly the case, that a failure to report on the part of committees on given subjects, leaves them untouched by the Society, and even where reports are prepared, an abstract is all we get, and they pass into the archives, unread and without discussion.—We know it is said, we have not the time to do otherwise. But we should take time. It strikes us that one of the highest objects of these associations should be, and is, to elicit, free, open, familiar and mutual exposition of the theories, observations, and practical bearings of each and every member, upon each and every subject of interest which may arise.

Many valuable facts which are known to, and acted upon, by many of our country friends, remote from media of publication, which they hence modestly consider unworthy the trouble of placing in print, would, by this unrestrained intercourse be thrown out, and many a hint would be elicited which for the development, might render of high importance to the profession. The collision of minds, always a pleasant excitement, would arouse in members, a desire for partaking in discussions. Extemporaneous speaking cannot but be improving to our younger brethren.

We think no one who attended the late meeting in this city, failed to see and feel the effects to which we have alluded. Neither the President nor Secretary of the previous meeting being present, and no records being in our hands, we were from necessity, a little unsystematic and less governed by rules or restrained by strict conformity, and a wide scope was given to every member to make any kind of communication and in his own way, than is usual.

It is to be regretted that a larger number of our brethren do not attend the meetings of the society. We know it is at the sacrifice of time and money, and often, even, of the interests of patients; but no medical man should neglect wilfully, nay, even at some loss, any opportunity of advancing the interest of his profession, by a free intercourse with others, and an open declaration of what he may believe of general value, and a candid and fair investigation and trial of what may be suggested by others. Besides, these meetings tend strongly to fraternize the profession; to unite their efforts, and by a union of purpose and action to sustain the dignity of the science against fraud and quackery. When we, form the constant and general habit of thus meeting and cultivating good feelings as well as true science, we shall no longer have doctors called *natural enemies*; and pretenders must seek some other basis than our differences to build their own claims upon.

We were much pleased to see the society unanimously recommending this Journal as a suitable medium of communication on medical subjects, and even a strong inclination expressed by some, to pledge themselves to sustain it as a monthly publication instead of a bi-monthly issue, as it now is.

They were also pleased to sanction unanimously, the course of the Medical department of the University, and to commend it to the fostering care of the State and the liberal patronage of the profession at large. The next meeting was appointed at Ottumwa, Wapello county, where we hope to meet a large number of our brethren on the second Wednesday in June, 1856.

MEDICAL SOCIETY IN WAPELLO COUNTY.

We have received the proceedings of this Society, and take the occasion to express our regret that we are not able to give them a place in this number. We shall certainly find a place for them in our next. By organising, the medical men of Wapello have placed themselves prominently forward before the medical profession, and it will give us pleasure always to give them the credit of being pioneers in county organization, and to aid them as far as possible in their praiseworthy efforts.

Well done, brethren of Wapello; it will give us much pleasure at some future time, and that, too, not far hence, of taking each of you by the hand and bidding you God-speed in your praiseworthy efforts.

Will not other counties follow the example of Wapello? Will not the Empire county of Lee do so? Is there not a necessity, a stern necessity for such an organization that we may be able to exchange opinions by discussing important topics connected with medical science, cultivate a spirit of friendship with those whose demeanor is worthy of it, and expose charlatanism, open breaches of medical etiquette, examples of which are daily falling under our notice, and some of which we have recorded for future use. What say you, medical men of Lee? Will we organize? Our friends in Madison, West Point, Dover, Primrose, Charleston and elsewhere—will they unite with the medical men of Keokuk? We will see.

A CIRCULAR.

A very curious document of this kind fell under our notice a short time since, by sheer accident. The only feature in it which would occasion anything else than a smile with us, is, that it boldly avows that "*the standard of Medical Literature in the Western States is either in reality, or in public opinion, below the standard of that which it maintains in the East?*"—Now, which of these positions is true? Is the standard really lower, or is it an error of public opinion? One or the other is presumed by the author of this proclamation, and if either, he is on

ber of subscribers, and then it will be issued monthly. One hundred more pre-paying subscribers will do it after the payment of what is due us, and this number can be raised if our friends will work. We will give a premium to that individual who will obtain the greatest number for the next volume which shall be worthy of giving and accepting.

The individual who will forward ten dollars shall have six copies sent to his order, which will be one volume gratuitously to himself.

We earnestly hope our friends will make the effort and in order that they may see how favorably the work is received by the profession over the Union, we will copy and publish the editorials found in the other medical journals respecting its standing and usefulness.

PROF. AUSTIN FLINT, M. D.

We have been favored with an engraved likeness of the above-named gentleman which was gotten up by his professional friends in Buffalo in testimony of their respect for him as a man, for his talents as an editor, and his acquirements as a physician. He has an appointment to one of the chairs in the Institution at Louisville, which he has accepted, and to which place he will soon remove.—Dr. Hunt occupied the position in relation to the Medical Journal once so eminently filled by Dr. Flint, and although too much cannot be said in behalf of Dr. Flint as an editor, still, we are assured the Journal will not lose a title of the interest for which it has been heretofore so fully characterized.

We have received numerous works which we would be glad to notice, but the want of room forbids. In our next we will give a list of the most important which have come into our hands.

Dr. Bennet at Ft. Desmoine is actively engaged in practice.—Recently he has had a difficult case in the delivery of a double-headed monster, in which one head was placed above another.—The delivery was successfully affected, and the mother did well.

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ORIGINAL COMMUNICATIONS.

CASE OF EXTREME NARCOTISM FROM OPIUM, AND TREATMENT.

BY E. C. ATKINSON, M. D., DOVER, LEE CO., IOWA.

On the 22d of August, 1854, I was summoned to visit Caroline B****, living in Charleston township, a sprightly little girl five years of age, of red hair, light complexion, and naturally delicate physical constitution. On the day previous she had been attacked with acute dysentery; her symptoms such as usually occur in such cases. I prescribed for her and left for the day. On my return the next morning at 8 o'clock, I found her somewhat worse, —all the morbid symptoms of the day before were present in an increased degree, especially tenesmus, from the effects of which she was continually writhing. I now ordered a powder composed as follows:

R Calomel grs. ii.
 Dover Powder grs. iv.
 Camphor grs. ii.
 Ipecac gr. i.

Also, left one and a half drachms of Tinc. Opii. (full strength), directing eight drops of it to be given *per annum* immediately, in an emulsion of Gum Arabic, and oil of sweet almonds; to be repeated every hour until the patient become easy.

Intending to see her again in a short time, I left no further prescription at that time. On my return at 9 o'clock, I found the mother alarmed at the unusual appearance of her child, and learn-

ed that immediately after I left she had committed the error by giving the whole of the Tinc. Opii. by injection at once. It had been retained, and symptoms of narcotism began to make their appearance twenty minutes afterwards, and were now rapidly progressing. She was now lying on her back, her countenance pale and livid, her head thrown back, eye-balls turned upwards, iris contracted and fixed, head and upper part of spine warm, extremities cold and mottled, complete anæsthesia of the skin, and suspension of the special senses. Acrid vapors applied to the nostrils elicited little or no manifestations of sensation. There was some perspiration of the face and neck, breathing slow and difficult. Pulse at the wrist accelerated and weak, carotid pulse strong.

I now ordered a large stimulating injection, hoping the tincture might not be wholly absorbed, and immediately resorted to the use of cold water, first in form of a douche, over the head and face, subsequently kept a small stream falling from a distance over the face, head, and spine. This treatment was continued with occasional short intermissions until fifteen minutes past 10 o'clock.—She now became considerably revived, answered when loudly spoken to, breathed better, pupils movable, radial pulse fuller and stronger. We now succeeded in making her swallow a dose of castor oil and a cup of strong coffee. I now cupped her spine, used stimulating frictions, sinapisms, warm foot bath, sprinkled her face with cold water, carried her into the air, and in short, made use of every means at hand except showering as at first, to keep her aroused. Notwithstanding however, at 11 o'clock, she began to relapse, and at 12 her appearance was as unpromising as before. Resorted again to showering, continued it with short intermissions until 2 o'clock, P. M. At this time much better, occasionally asked some questions, wanted drink, &c. Discontinued the water, used other means as before. 8½ o'clock again failing. Showered her as before. 5 o'clock, better. Narcotism seemed fairly passing off. Her bowels were now moved freely, stools contained but little blood. Continued showering at intervals until 4 o'clock next morning. Soporific symptoms had now entirely disappeared. Head cool, tongue whitish, and covered with viscid mucus, rather flighty, asks irrelevant questions, respiration good,

pulse however weak and wavy, abdomen somewhat tender, but the grave dysenteric symptoms had disappeared. Ordered small doses of *Hyd cum creta*, with Dover powders, infusion of valerian and ammonia. To be carefully watched. During the next two days there was great nervous debility, with occasional transient paroxysms of reactive fever. The dysenteric symptoms did not reappear, and she soon completely recovered.

The points of particular interest to me in this case are, 1st, The failure of every curative means resorted to except the showering with cold water. Without this efficient aid, her march to death was rapid and inevitable. Congestion of the brain being the dominant toxic effect, seemed to demand that special remedy.

2d. The sudden termination of dysentery. This it is evident could not have occurred had the disease been of long continuance. Structural injuries in the latter case would have prevented it. But it may be asked, would extreme narcotism be equally successful in every recent case of this disease? Several of the other children of the same family were attacked soon afterwards, all of whom passed through a tedious course, and a precarious convalescence. This question, I presume, none will be disposed to answer by testing the utility of the experiment.

P. S. About the time of the occurrence of the above case, or perhaps a little before, I was informed by J. O. Skinner, M. D., of Charleston, that a child in that town two years of age, lost its life by taking eight drops of Tinc. Opii. with Castor oil, given by its mother on going to bed. No medical aid was resorted to.

THE PROPERTIES AND USES OF IODINE WITH REPORT OF A CASE

BY W. G. PIPER, M. D., WINTERSSET, IOWA.

It is among the important duties which every Practitioner of Medicine owes to the profession, to contribute all the important facts and suggestions that may fall under his own observation. It is only by such a course that the profession can make that progression in the procuration of facts, and the development of principles which are to guide us in our daily conflicts with the protean forms of disease that afflict our race.

We live in an age of great mental improvement, at least, one

that surpasses all others in activity, enterprise and innovation.— Among these evidences of intelligence and industry, the profession of medicine is far from being in the back ground. Within the last few years we have had several valuable accessions to our science, and have every reason to believe that the spirit of inquiry which led to these discoveries will not die out, when the present generation has passed away. My attention has for the past few years been directed to the medicinal properties of Iodine. It has been an agent that has long been known to exert a powerful and extensive influence on the animal economy, consequently, we cannot at this time refer to all the indications for its use. Perhaps, no country practitioner has used it more extensively than I, in my short career of practice; and my suggestions are based upon my experience in the use of the remedy. Iodine, in small doses, is a tonic, increases the appetite and improves faulty nutrition.

It also exerts a powerful influence upon the absorbents and glandular system. Being satisfied that it possessed this power in an eminent degree, I have been induced to test its virtues in the cure of phthisis pulmonalis. Many remedies have been suggested for the cure of this formidable malady, but all in turn have been abandoned forever, and the profession generally induced to believe that no remedy yet discovered, could be relied on in the treatment of this disease. Recently, however, there have been some eminent physicians who firmly believe that incipient Phthisis Pulmonalis may occasionally, in a certain stage, be cured. If it can be successfully treated in one case, or even a spontaneous cure be effected, have we not reason to hope for a similar result in many such cases. Should we be able to discover a remedy that will excite the absorbents to such a degree as to remove tuberculous matter, subdue the diathesis, and by so doing, prevent the deposition of other tubercles—then will we have arrived at an important period in the history of medicine; then will thousands of the most gifted and beautiful be saved from a premature grave.

As evidences of the curability of incipient phthisis pulmonalis, I desire to introduce a brief synopsis of one case that was successfully treated with Iodine.

Mr. P. aged 54 years on the 14th day of Nov., 1854, labored under the following symptoms: Pain in the breast, referred to the

apex of the lung, more or less cough, particularly when lying down, and in the morning. Expectoration of a tough mucus consistency, and but little thrown up. Fever, with regular exacerbations, followed with night sweats, gradual emaciation without sufficient visible cause, appetite capricious, patient had for some days been troubled with diarrhoea. The digestive organs did not perform their healthy functions. He was very ingenious in presenting arguments to convince me that his lungs were not seriously affected. He was able to be up part of the day, but could not endure much exercise. The physical signs were such in connection with the rational evidences in the case, as to induce me to believe that it was an unmistakable case of incipient phthisis pulmonalis. At the apex and the left lobe of the lungs, there was dullness on percussion. This condition was not found to exist in any other part of the lungs. The breathing was insufficient and coarse, there was a peculiar resonance of the voice, and abnormal click-like sound. When he spoke or coughed there was produced a kind of sound more easily imagined than described. Broncophon and bronchial respiration could be heard, and differed from that of health, by being distinctly audible near the humoral extremity of the clavicle. With such an array of symptoms, there seemed but little grounds for doubting the existence of tubercular deposits.—But still the evidence was not absolutely certain, yet the symptoms could not be distinguished from those which have characterized incipient phthisis pulmonalis, which in hundreds of cases have not been interrupted, but passed on through the different stages of the disease to a fatal termination.

Without making known to him or his family the character of the disease, I directed Pil. Hyd. grs. vi; Opi. gr. i; to be taken at bedtime.

In a few days I directed the following mixture:

R Compound Syrup Sarsaparilla, oz. iii.
Tinct. Iodine, drs. iii.

A teaspoonful to be taken every six hours. I also directed the Nitro-Muriatic bath four times per week. He was also directed to use a nutritious diet, in moderate quantities. He continued to use the Iodine, without interruption, for three months, during which time I occasionally used a Dover's powder or a dose of morphine

to procure rest. Several weeks passed without any material change in the symptoms, but rather an aggravation. The expectoration became puriform, streaked occasionally with blood. His feet became cedematous.

Notwithstanding all this, the remedy was continued, and part of the time given in larger doses. About the first of February, 1855, the unfavorable symptoms began gradually to disappear, and about the 15th day of said month, which was three months after he commenced the use of the Iodine, the expectoration and the cough ceased, and he was so much improved in every respect, that the remedy was discontinued, and he is now a healthy man for his age without any perceivable symptoms of Phthisis Pulmonalis.

I do not wish to be understood as pronouncing all cases of phthisis pulmonalis curable; facts will not justify such a conclusion. But that the disease has been frequently cured, I do not entertain a doubt. The first and most important in the treatment of this disease, is to improve faulty nutrition. Cod liver oil has gained much reputation in the cure of phthisis. But I incline to believe that the virtue of this remedy may be attributed to this fact that it is easily assimilated, consequently its remedial effects are referable more to its nutritious than to its medicinal properties.—We are warranted in drawing the conclusion, that if, during the advance of phthisis pulmonalis, those means can be discovered which will keep up the strength and nutritive functions of the economy, such tubercular exudations as have occurred may be absorbed, and that even large ulcerations will heal up and cicatrize. The most important point, practically, is to ascertain what these means are, and how they may be put into operation. I am not one to believe that phthisis pulmonalis is, in all cases necessarily fatal.—With such testimony before us, however, I hope no physician will be so skeptical in regard to the cure of phthisis pulmonalis as to reject all curative treatment. If the disease is curable, the physician owes it to humanity not only to seek out a remedy, but to persevere in its use, until he is satisfied that a longer persistence will result in no good, and particularly where remedies shall have proved a source of annoyance rather than profit.

(We would respectfully suggest whether the Iodine is not in these cases, rather an *analeptic* than tonic. We are much gratified

that he has reported the above case, as it will encourage others to further perseverance. Science, in its humane offices, *must* and *will* yet discover some agent which will not only prevent exudation, but will induce its absorption and ultimate depuration. The great progress already made, augurs favorably for its capacity, and the future accomplishment of so great an object yet we dare not hope to enjoy the life time to witness it, still we believe that period is not far distant. All should contribute by their efforts to the work of discovery, and place the results of their labors before their brethren. One improvement has been made, and that is the abandonment of antiphlogistics and the use of mercurials, as well as depressing expectorants. (Ed.)

OUTRAGED LAWS OF HYGIENE,

BY D. L. M'GUGIN, M. D.,

Prof. of Physiology and Pathology in the Medical Department of the Iowa University.

With what feelings of deep felt sorrow and profound regret does the medical man, who possesses, in common, extensive acquirements and a benevolent heart, look upon the multiplied and varied causes abroad in the civilized world actively at work in the physical degeneracy of our race. He looks around him and his heart is warmed with emotions of pleasure and pride when he contemplates the triumphs of genius and art and the onward advancement, steady and sure, of the march of mind, the general diffusion of intelligence, the perfection of the various systems and the multiplication of schemes of moral improvement, the happy results in the working of the benevolent enterprises for the benefit of the unfortunate of our fellow men, in fine, in almost all the schemes of human advancement toward perfection, progress is plainly written. Rejoicing in all this display of the operation of a system looking to the intellectual and moral elevation of our race, he turns around to meditate upon and deplore that much of this is unfortunately at the expense, and has been conducted antagonistic, to man's physical improvement, and which course, if persisted in, must in a few generations work an almost total degeneracy of refined and civilized nations. This regret is enhanced when he reflects that all this is wholly needless,—that with intellectual and scientific improvement,

physical deterioration may be prevented ;—not only so, but with intelligent direction and care the physical man could be also improved if not *pari passu* with mental and moral advancement, at least sufficiently so, to the full capabilities of force and power suggested by the wants and the spirit of progress from time to time.

But the customs and habitudes of society, as at present organized and formed, must be essentially changed to meet this design and effect this great object,—a task most discouraging to undertake, because of the difficulties which lie in the way of its accomplishment. And yet it should be undertaken, indeed it must be commenced and that too by those whose duty it is to agitate it, because they are best informed of the sad results to mankind flowing from the habits, practices, and fashions of this physically corrupt and deteriorating age. We say the medical profession owe this to philanthropy, to the best interests of the human family, to themselves, their profession, and their Creator. Who but them know aught of the nice and delicate organism of the human frame, and no class of men so well know or have so often observed, that a small and apparently trifling cause, easy of avoidance, has often sacrificed health and even life itself. We have been dealing too much in generalisms when discussing the important subject of hygiene, have not particularised sufficiently, nor have the reasons for the observance of the laws of health been urged with such force as to awaken serious alarm in the minds of those who may have had their attention partially invited to it. We must speak more boldly, more plainly, enter into particulars, and awaken in the public mind a spirit of enquiry, by suggesting fears with regard to a perseverance in many of their culpable practices. We must say most solemnly to those to whose care the young are confided that if they violate the plain dictates of reason and experience in the physical culture of children, that the God of nature will hold them to a rigid accountability if they will continue to outrage the simple laws of hygiene, thereby entailing suffering and inflicting death upon their offspring, over whom they are the guardians by nature's decree and appointment. We must say to those with whom we mingle and for whom we are required so often to prescribe for ailments plainly traceable to an open contempt for the well known and familiar rules of health, that they incur a fear-

ful responsibility for turning nature out of her channel and condemning her manifest dictates. We must remind them too most emphatically that these physical sins, in their retribution, are not confined to themselves only, but that they do very often transfer the physical evils with their suffering consequences to others whom they bring into existence, to whom is bequeathed the dread penalty of their parents, often actually developed into activity or manifestly hanging with a fearful threatening *in terrorem* over their heads. In this way it is made to descend down and continue through several generations until proper intermarriages shall have extinguished the predisposition thus remotely engrafted, or an annihilation of the line of descent has put an end to the fearful havoc it has made. There is no limit to the dread consequences of a single infraction of nature's laws in some instances, and the responsibility and accountability will be in proportion to these unfortunate results.

We once indulged in the hope that some good would result from the interest which, a few years since, was awakened on the subject of physiology and hygiene. The whole country was traversed by itinerant lecturers and the attendance was usually large. It is true that many of these were but smatterers possessing but a surface knowledge of the subject, but yet we hoped that it would incite to further enquiry which would result in a more extended intelligence upon these subjects. We confess to a sad disappointment in this pleasing hope, for instead of profit, they have been a decided injury, as a majority of them have been the disciples and followers of some heterodox system and therefore they have really been the propagandists of empiricism wherever they have gone and have sown the seeds of medical infidelity wherever they taught.—The public mind has been tortured and warped instead of being enlightened and informed correctly or truthfully. And it is astonishing, the implicit faith reposed in these non-medical adventurers, (who were chiefly of the feminine gender,) which fact is every day illustrated. N. P. Willis practiced rigorously a hint which he doubtless borrowed from some medical authority and come out with an enrapturing account of its results. After this his box in the P. O. was crammed with letters of enquiry as to the *modus in quo* by which he was relieved, but which could be more correct-

ly explained by their own family physician perhaps, if they would have but applied to him for his counsel. If a difficulty occurred involving some legal question of right to property or other like interest, they would have been far from applying to one who, to say the least, is as much troubled with conceit and vanity and as credulous too as any other, whose life has been spent in swelling his imagination beyond the limit of plain and simple truth, to cater for a light reading public,—who cared more for the beauty of the *dressing* than for the healthfulness of the fact or idea thus gilded and adorned.

In this way the public mind has not only been neglected, but it has been, as we have said, *mistaught* and *misled*, and it becomes the more the medical profession to enter the field of duty, wage a fierce and unrelenting warfare against false dogmas and evil practices. The journals of medicine should discuss minutely all and particular the laws of hygiene and call upon their readers to arm and equip for the work of reform. No occasion should be allowed to pass without calling the attention of those among whom they labor to the course necessary to be pursued in order to the preservation of their health, whether in eating, drinking, sleeping, apparel, exercise, bathing, or whatever else which he deems necessary to their physical well being. This voluntary service, if performed in a proper manner, and under appropriate circumstances, will be productive of much good, and will give to their patrons a ready license and freedom to propound interrogatories upon these subjects and thus the way is opened for the exercise of still further effort for good. We will call the attention of the reader to one simple fact in illustration, which falls under his observation almost every day. He is required to visit a patient whom he finds upon a bed with the curtains drawn closely around. He prescribes and leaves to return at a particular time. All this thus far is well, but has he performed his *whole* duty? We aver that he has not.—How easily he could have contrived an excuse to point out the injurious effects of those curtains, when he required them to be raised in order to afford light in the progress of investigation of the case before him. He could then have remarked that “such ornaments to the bed are objectionable, not only in excluding light, for this is sometimes desirable, but they also exclude that which is

more essential to health, namely, the free circulation of pure air, absolutely required at *all* times but particularly now. To show how far a single individual will go to deteriorate the air within these curtains when drawn closely, you have only to hang your bird cage to the roof of your curtain frame, draw your curtains, and in the morning you will find that death has liberated it from confinement. This is not all. As you lie here sick and diseased, the insensible emanations which pass off from the body will be absorbed by the fabric composing the curtains, and when it becomes surcharged it will give back foul effluvia which, added to that which is continuing to pass from the surface of the body and from the lungs, will tend to perpetuate your afflictions and thwart the best efforts for cure. You would do well to remove them altogether and blind the windows if the eyes require to be shaded. For the same reason all clothing not necessary for your present comfort should be removed from your room, for they will first absorb and then reflect back the morbid matters which will deteriorate the air of the room. Beside this, you have fever and the heat of the surface is much above the natural standard. It is necessary that this excess should be conducted away as far and as speedily as possible. For this reason I have advised that the surface be spunged off with water in order that in evaporation the great heat will be conveyed away. For the same reason I have advised free ventilation, but in order to complete the work, you would do well to exchange your feather bed for a mattress, as feathers are poor conductors. These measures will be good auxiliaries to the treatment pursued; indeed they are almost absolutely necessary."

The above is familiarly detailed in order to show how particularly we should enter into all these requisites for the well being and comfort of our patients, and as these cautions are seldom thrown away, but carefully remembered by patients as well as intelligent nurses, a fitting occasion is here presented of inculcating correct views upon this important subject of hygiene. But this is only one occasion out of a countless number of others in which, even while in the discharge of an imperative and present duty, valuable information can be imparted. And we hesitate not when we declare that however wisely, judiciously, and skillfully, the medical adviser may have prescribed therapeutic agents for the control of the dis-

this kind, whereby they may be more fully protected from the impositions of the ignorant and designing. That our profession being one of philanthropy, benevolence, and mercy, and not inferior to any other calling, it should be exalted high, so that empiricism, the low subterfuge, resorted to by quacks only, may find no resting place in this portion of our country; and in forming ourselves into a society, we will have a concert of action and harmony of feeling among its members, the effects of which will be a laudable influence that will and ought to be impressive.

A. D. WOOD, Chairman,
WILLIAM GUTCH,
J. C. KINSEY.

On motion, Drs. Kinsey, Wier, Taylor, Gutch, and Douglass, were appointed a committee to draft and report a Constitution and By-Laws for the government of the Society.

Drs. Wood, Ellison, and Hawkins were appointed a committee to report a Fee Bill at the next regular meeting of the Society.

A committee was appointed to nominate permanent officers for the ensuing year. Committee recommended the following, who were elected.

C. C. WARDEN, President.
H. KIRKPATRICK, Vice President.
J. WILLIAMSON, Secretary.
T. J. DOUGLASS, Cor. Sec'y.

<p>A. D. WOOD, W. GUTCH, J. C. KINSEY, A. K. WEIR, J. L. TAYLOR,</p>	}	Board of Censors.
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The Constitution declares that the Society shall be called the Wapello County Medical Society—that its object shall be to promote the diffusion of knowledge, elevate the standard of the profession and promote unanimity of feeling and concert of action among its members. It provides for the election of members of good moral character who have passed a satisfactory examination before the board of Censors,—that the officers shall be a President, Vice President, Secretary, Cor. Secretary, and Treasurer,—that the annual meeting of the Society be on the first Saturday of May in next year.

The By-Laws provide that the regular meetings of the Society be held on the fourth Saturdays of May, Aug., Nov., and Feb.—They provide for the election of officers annually by ballot,—that eight members shall constitute a quorum for the transaction of business at any regular meeting.

Provision is also made for the reading of at least one dissertation on some Medical or Scientific subject at each regular meeting, also it is made the duty of each member of the Society to preserve a faithful record of each important case that comes under his charge, together with the treatment thereof, and report the same to the Society at its next regular meeting thereafter.

President appointed Dr. J. Williamson to prepare and deliver an essay on some medical or scientific subject at the regular meeting in August next.

Ordered that the Secretary furnish a report of the proceedings to the Iowa Medical Journal for publication.

June 9th.—First regular meeting, Drs. S. G. Norris and S. P. Johnson, upon application, were recommended and voted members of the Society. Drs. Kinsey and Kirkpatrick were appointed delegates to the meeting of the Iowa S. M. S., 14th inst.

H. KIRKPATRICK, Pres't.

J. WILLIAMSON, Sec'y.

MEETING OF THE STATE MEDICAL AND CHIRURGICAL SOCIETY AT MUSCATINE, JUNE 14, 1854.

Society met. Dr. Reader in the Chair. The Secretary being absent, Dr. G. R. Henry was appointed Secretary pro tem.

Moved that the President fill by appointment, the board of Censors. The following gentlemen were then appointed, viz: Drs. M'Gugin, Arnold, and Wainwright. The board retired.

The board, upon return recommended that the following gentlemen be elected members of the Society.

Dr. Freeman Knowles, Keokuk; Dr. J. M. Robertson, Louisa Co.; Dr. John Cleves, do; Dr. William Clark, do; Dr. H. T. Cleaver, do; Dr. C. L. Chambers, Tipton; Dr. H. C. Sanford, Montezuma; Dr. Noah Green, Rochester Co.; Dr. J. Howes, Burlington; Dr. B. P. Rankin, Keokuk; Dr. John O. Skinner,

The names of the following gentlemen were then presented for membership and were duly elected as members of the Society, viz : Drs S H Sawyers, of Appanoose Co ; John R Allen, M F Collins, J J Page, R H Wyman, and J S Martin, of Keokuk ; H J Scoles, of Charleston ; Joseph H Smith, Farmington ; Edward W. Laws, Ocoola, Clark Co ; Corydon Allen, Bentonsport ; Hinsey of DeLonega, and W Bird of Mount Pleasant, Henry County.

The Secretary being absent with the proceedings of last year, no reference could be had in the present proceedings to the past. The members therefore were called upon for miscellaneous reports of cases of practice.

Dr. Siveter reported a case of dislocated shoulder of some three months standing, which elicited some discussion.

Dr J F Sanford reported several cases of surgery of much interest to the profession ; after which the Society adjourned to Friday morning at 9 o'clock.

FRIDAY MORNING.

The Society called to order by the President in the Chair, when on motion of Dr Arnold, a committee of three were appointed to nominate permanent officers of the Society for the ensuing year, who after retiring for a short time, reported the following names for officers, who were duly elected, viz :

President, Dr Thomas Siveter, Salem ; 1st Vice President, Dr Rauch, Burlington ; 2d Vice President, Dr Craig, Keosauqua ; Rec Secretary, Dr W Bird, Mount Pleasant ; Cor Secretary, Dr D Atkinson, Dover, Lee Co ; Treasurer, Dr J J Page, Keokuk.

CENSORS.

Dr. R. H. Wyman, Keokuk ; Dr. T. Shriner, Salem ; Dr. J. O. Skinner, Charleston, Lee county ; Dr. J. G. Henny, Burlington ; Dr. Hinsey, Dalonega.

Dr. Atkinson of Dover, Lee county ; Dr. Kirkpatrick of Ottumwa, Dr. J. Haynes of Keokuk, and Dr. J. C. Wells of Indianola, Warren county, were then admitted to membership in the Society.

The following communication was then received from the members of the Faculty at Ft. Des Moines, which was read and ordered to be published with the proceedings of the Society:

FORT DES MOINES, IOWA. }
June 5, A. D. 1855. }

PROF. D. L. M'GUGIN,

Cor. Sec'y, Iowa Medical Society:

We, the undersigned Physicians and Surgeons at Fort Des Moines, in reply to your esteemed favor of the 29th May, soliciting our presence and participation in the proceedings of the Iowa State Medical Society at Keokuk, on the 14th inst., respectfully reply, that our professional avocations and private business, will prevent our attendance at the time specified, though we are decidedly in favor of the State organization, and of the Medical Department of the University of Iowa at Keokuk, and would be much pleased to participate in the proceedings of the State Medical Society, and further the interests of the State Medical College, whenever opportunity presents. We likewise approve of the Medical Journal, under the patronage and supervision of the Faculty of the Medical College of the University, as well calculated to promote the interests of the medical profession of Iowa.

JOHN C. BENNETT, M. D.

D. V. COLE, M. D.

THOMAS K. BROOKS, M. D.

WM. P. DAVIS, M. D.

J. W. MORRIS, M. D.

ALEX. SHAW, M. D.

S. V. CAMPBELL, M. D.

H. C. GRINNELL, M. D.

On motion, it was

Resolved, That the next annual meeting of the Society be held at Ottumwa, on the second Wednesday of June, 1856, at 2 o'clock P. M.

Dr. Allen of Keokuk, then offered the following series of Resolutions, which, after some discussion, were unanimously adopted:

WHEREAS, Being, as we are, fully aware of the great good derivable from a proper organization of the medical profession into State and subordinate associations, both in a scientific and social aspect, therefore

Resolved, That we, as members of the Iowa State Medical Society, and as individual members of the profession, will use every

means in our power to increase the members and advance the objects of said societies.

Resolved, That we fully recognise the importance, and earnestly recommend to our members, the constant habit of recording their experience in practical medicine, and most urgently request that the results of such experience be made known to the medical profession generally.

Resolved, That as a means of publishing for mutual advantage what may be learned in private practice, we know of no more efficient, than their open statement and free discussion at the meetings of our various societies.

Resolved, That as a mode of giving permanency to these important developments, we recognise in the Iowa Medical Journal, a convenient medium in our midst, and which we feel it as a matter of State pride and professional interest to sustain, as the exponent of our medical literature.

A committee of three was then appointed to nominate Delegates to the National Medical Convention to be held at Detroit next year, who reported the following names:

Dr. Fountain, of Davenport; Dr. J. C. Bennett, of Fort Des Moines; Dr. Atkinson, of Lee; Dr. G. R. Henny, of Des Moines; Dr. W. Bird, of Henry county; Dr. Haynes, of Keokuk; who were duly elected.

Dr. Skinner, from the committee appointed at the last annual meeting to visit the Medical College during the last session, made the following report:

The undersigned of the committee appointed at the last annual meeting of the Iowa State Medical Society, begs leave to Report, That I visited the Medical Department of the Iowa University, and heard the Professors several times, and from the ability with which each sustained himself in his respective department, it gives me pleasure to recommend them as men eminently competent to their several stations they so honorably fill.

The College is well supplied with the necessary appliances for teaching, to which, I was well assured from what I saw, the Faculty are adding liberally from time to time.

J. A. SKINNER, M. D., Committee.

Dr. Arnold, from the committee on anatomy, made an informal

report, which, on motion, was received and the committee continued, with instructions to make a more full report at the next annual meeting.

Dr. Hughes, from the committee on surgery, being prevented from meeting with the Society by sickness, a portion of his report was read by Dr. Arnold, and the committee continued.

Dr. M'Gugin read a report of cases of tubercular disease, with treatment by the use of Cod Liver Oil, and inhalation of Iodine vapor.

On motion, Dr. Allen, of Keokuk, was appointed to deliver a public address at the next annual meeting.

On motion, the Secretary was ordered to procure two hundred copies of the Constitution and Bye-Laws of the Society printed for its future use. And ordered further, that the Secretary be requested to furnish a copy of the unpublished proceedings of the Society for the past and present meetings, to the editors of the Medical Journal at Keokuk, for publication; said editors to furnish a copy of the Journal to each member of the Society, and draw on the Treasurer for the necessary cost of such publication.

On motion, Society adjourned to 2 o'clock, P. M.

FRIDAY AFTERNOON, 2 O'clock.

Society met.

Dr. M'Gugin moved that a committee of three be appointed to examine and endorse on behalf of the Society, the report of Dr. Arnold on the Medical Topography of the State for the use of the American Medical Association. Motion prevailed, and Drs. M'Gugin, Allen and Craig, appointed said committee.

The subject of memorializing the Legislature on the subject of legalizing the medical practice in the State, then came up, the discussion of which consumed most of the afternoon, when, on motion, the subject was referred to a special committee of three, who were directed to prepare a memorial to the Legislature, and present it to the next meeting of the Association for its concurrence.

Drs. D. L. M'Gugin, J. R. Allen, and W. Bird were appointed said committee.

The Society then adjourned *sine die*.

THOMAS SIVETER,
President.

W. BIRD,
Secretary.

SUGGESTIONS AS TO THE METHOD OF USING NARCOTICS IN NERVOUS DISEASES.

(CONCLUDED.)

BY JOHN R. ALLEN, M. D.,

Prof. of Obstetrics and Diseases of Women and Children in Iowa Medical Department.

Now any one will see from the physiological action of narcotics, that they will have a tendency to counteract these symptoms, and where there are no accompanying contra-indications, most practitioners would at once, and very correctly, prescribe them. But after all who uses them for any other purpose than to palliate the varied neurosis, whether attended with inflammation or not? How many allow them a curative agency?

Since the first part of this article was published, I have met in the New Orleans Medical and Surgical Journal, an article from the pen of a very intelligent writer, Dr. M. M. Dowler, in which he has quoted from Prof. Paine, of University of New York, remarks which we had also selected, illustrative of the views generally entertained as to the nature and curative value of narcotics. We still incorporate them, feeling much gratified to find our own views coinciding with those of Dr. Dowler, as to the true merits of this class of remedies.

We refer our readers with great satisfaction to the article referred to by Dr. D., as suggestive of valuable thoughts as to the use of these agencies in phlegmasial diseases:

“On the contrary,” says Professor Paine, “I have endeavored to show in the various parts of this work, that narcotics are but little more than humble auxiliaries to more important remedies, and then only in a comparatively small number of cases of disease; or they are mere palliatives, giving a temporary ease by blunting sensibility where death is probably inevitable, and thus easing the sufferer out of existence.”

“That narcotics are extremely deficient in curative virtues, should be sufficiently apparent from what has already been said of the uses to which they are constantly applied. But even these intentions can rarely be fulfilled by narcotics, where much disease is present. We must resort to the class of antiphlogistics for our curative means; and, if the narcotics be summoned to their aid, it should be done with the greatest caution, or they may prove fatally mor-

bific. We may exhibit opium, &c., for the relief of mere spasm of the stomach, or to procure rest, &c., where no important acute disease is present. But he who should employ them to assuage the pain of pleuritis, enteritis, or any other active form of inflammation, and, in a general sense, of chronic forms, would either most seriously aggravate the disease, or destroy the patient.

"Whenever there is any affection of the head, or any tendency to cerebral disease, so great is the liability of narcotics to induce congestion of the brain, that they are totally inadmissible where that organ is increased in its susceptibilities. And let us consider their never-failing effect in their ordinary doses, of so injuriously modifying the action of the glandular organs, that the secretions of the whole, especially of that most important organ the liver, are more or less diminished; whereby nature is obstructed in one of her greatest processes natural and curative; morbid influences are reflected upon all diseased parts, and upon the whole organism. Should there be set up in the skin a perspirable action, it is not of a salubrious nature; and here again we see the evils that arise from regarding the product, and not the nature of the action upon which it depends." * * *

"The most extensively useful effect of narcotics is that of procuring sleep." * * *

"In serous inflammation of the bowels, on the other hand, they [opiates] are entirely inadmissible. * * * It is in all such instances a subordinate agent. * * * The pain of mucous and serous inflammation of the intestines may be exactly the same, and opiates curative in the former, but certainly fatal in the latter."—*Institutes of Medicine*, pp. 584-6.

"In respect to the agents now before us, (narcotics) there is a yet smaller class who are equally unhappy in their estimate of their virtues; and while the *stimulating* school exhaust the energies of nature by adding to the intensity of the disease in their peculiar way, the *narcotizing* school do the same mischief by a similar neglect of the pathology of disease; and what, in either case, should be attacked by the lancet, cathartics, antiphlogistic alteratives, &c., is roused into greater immediate violence by tonics and stimulants, or indirectly by other morbid influences which appertain to the narcotics."—*Ibid.* p. 584.

What are the effects of a medium dose of these remedies? primarily, but transiently stimulant, but ultimately anodyne and in full doses hyynotic—In other words, their effect is, to allay nervous excitement, to control the nervous force.

This effect follows soon after their administration, and is an effect which may be maintained for any length of time by a repetition of doses in quantities commensurate with the increasing tolerance of the economy. Where the object is to alleviate acute pain, or relax spasm, or quiet convulsions, we resort to decided and repeated doses and obtain the immediate repose desired, and there can be no estimate of the value of these agents here. But in cases of habitual neuralgia or spasm, or cases affecting the mental faculties, and the object is not to give immediate relief, for we can not hope to do this, but to remove a persisting cause from which the symptoms arise, another mode of procedure is desirable.

It is here that I think we are at fault, usually. We lay aside as but palliatives a class of remedies which should be regarded as curative. We forget that the suspension of the pain, or temporary control of the nervous force, may by being maintained for a long time, enable the affected part to return to a normal state, which would not have been gained in an equal contest with the irritation and perturbation, unaided by the soothing influences of the remedy.

I do not pretend to say how the change is brought about, whether it results from an alteration in the nutrition of the nerve fibre, or by a suspension of nerve force induced by the medium by which irritation is held in obedience until the nervous equilibrium is established, or otherwise. I only know that it is often brought about, and in a most gratifying manner. I have seen such results, it is true, mostly in cases involving that part of the nervous contact appropriated to mental and moral manifestation, and have not had sufficiently extensive experience in other forms of nervous disorder to utter an opinion of much value. Regarding, as I have remarked, mental disorder and spasm to the brain and motor nerves, what pain is to those of sensation, I can see no reason why a similar course of treatment may not be as often successful in the one as the other,

The mode of application which I would suggest, is not that, as I

have remarked, looking to immediate results, but to a permanent; a prolonged narcotic effect—an *actual course*, if you please, to be persevered in as we do such plans of medication, with iron, mercury, arsenic, &c., when we desire to eradicate some inveterate morbid process, which we can not reach by any direct and decisive attack.

The plan I propose is to begin in such cases with whatever particular remedy we may select of this class, in a medium dose, and repeat as often and increase as much, as may be needful to produce and maintain such a state of ease or quietude as may be required. Quantity is not to be estimated, effect is to be looked for and aimed at.

Suppose I should say I have given Laudanum, Tinct. Hyasm. &c., &c., in ten drachm doses every four hours, for months at a time, and with the best results, in insanity and some forms of epilepsy! Surprising as this may appear, I will add that I have given *more than twice that dose*, and in the same way, with the greatest benefit. Nor am I alone in this, others have done so. I could cite case after case, thus treated successfully.

This course as will be perceived, was not intended for merely allaying the urgent calls of the case. If this happened well and good, but not being the expected result, the remedies were continued until the danger of recurrence was over. The nerve force is not only to be restrained but held in check, until we find, upon withdrawing gradually, as we had increased by degrees, the remedies, that the symptoms do not return.

They may be administered internally and applied externally, as the location and nature of the particular case may demand, but the principle of the treatment recommended is, to strive for a permanent effect to be wrought upon the nervous force or tissue, by a persistent narcotic impression, so prolonged, that it shall break up the morbid process, or destroy the morbid habitude of the nervous force.

I should transcend the intended measure of this article by going into detail on the application of narcotics in neuroses, and fearing in the hurry of preparation of this paper, I may not have made myself understood, I submit the following propositions:

1st. There is a morbid state of the nerve force, manifested by

delirium, spasm, pain or paralysis, independent of any appreciable structural lesion.

2d. Narcotics have a controlling influence over the nerve force, exercised in proportion to the dose administered, as to degree, and in proportion to the repetition and augmentation of the amount administered as to persistence of effect.

3d. In disorders of this nerve force of a persistent or habitual character, it is essential to the success of a narcotic treatment, that a prolonged impression be maintained upon the nervous functions in order to remove them.

4th. The method of administration should be by commencing with medium doses, and then a gradual increase to meet the increasing tolerance of the system for the remedies; the *effect* not the *quantity* to be the measure of their prescription.

It is now too late to question the efficacy of narcotics in incipient inflammations wherever seated, and in very active inflammation in particular localities, however high the authority for so doing.

No one doubts their applicability in painful diseases, acute or chronic, as palliatives at least. If we can thus momentarily relieve, why may we not prolong the impression which can be thus temporarily made, so that the *painful habitude* so to call it, may be interrupted and the normal powers overcome the tendency to neuralgia, while thus checked by medicines?

To this latter question we ask the attention of the profession.—The suggestions we have made are directed to this point, and we do not fear the practical results, whatever may be thought of the *modus operandi* which we have supposed to obtain.

At some future time we hope to be able to pursue more at length and more at leisure, this very interesting topic. For the present we must content ourselves with these hasty thoughts, trusting hereafter to illustrate the opinion inculcated by the results of their application.

DEPARTMENT OF SELECTIONS.

"NURSING SORE MOUTH," OR "PUERPERAL ANÆMIA."

BY M. L. KNAPP, M. D.

[CONCLUDED.]

Remarks—Our circular was sent to Dr. Judkins, understanding through some of his patients, whom he had treated for this affection, that he possessed skill in its treatment, and enjoyed some reputation for its successful management, beyond that of the generality of physicians. His success, it now appears, depends on the liberal use of *a salt of soda, tonics and astringents, with good food, and tepid ablutions daily*; a course well calculated to promote, coax, urge, even *force* the nutritive process. This practice appears very rational, certainly, and in the absence of a true pathology, and the real cause of the affection not known, must be regarded as happy. When we shall have unfolded the *essential nature* of this anomalous affection, the why and wherefore of the success of Dr. Judkins' practice will be clear.

The points of particular interest, then, in Dr. Judkins' paper are, the apparent increase of this affection of late years—delicate ladies its subjects—its liability to recur—good, rich diet a preventive—pain and tormina of the bowels always present in marked cases, together with a watery diarrhœa, and *white flocculi floating in the dejections, as in cholera*. No other contributor to the literature of this affection, we believe, has taken notice of this last circumstance—a very important fact. Doubtless these floating flocculi are cast-off patches or sloughs of the epithilium, the same as in cholera, and not mucous secretions, as Dr. Judkins supposes. The tendency to grave local lesions, and the development of tuberculosis, hæmoptysis, etc., is another point of importance to be borne in mind in this very practical contribution.

Let us now consider the literature of this disease.

LITERATURE OF NURSING SORE MOUTH.

The main contributions upon this supposed new form of disease, are from Drs. Hale, Backus, Channing, Bell, Wood, Shanks, Taylor, Holt, Ware, M'Gugin and King, in the United States, who have described it as it appeared in the extreme eastern, western, northern and southern States. These contributors have described the affection from personal observation, with the exception of Drs. Wood and Bell of Philadelphia, who have given it place in their

standard systems of practice as a new form of disease on the testimony of others, and chiefly Drs. Hale and Backus, who were the first to call attention to this anomalous affection through the Medical Journals—Dr. Hale's article having appeared in 1830, and that of Dr. Backus in 1841.

Beside the above-named American contributors to the literature of this anomalous affection, we find that Dr. Marshall Hall, of London, wrote a treatise on a similar anomalous disease, in 1820, designated by the very indefinite appellation of "*a serious affection*," which, appearing to us the same as the nursing sore mouth of this country, we shall begin our synopsis by analysing:—

Dr. Marshall Hall's Treatise.—A review of this may be seen in the London Medical and Physical Journal for July, 1820, with copious extracts—our source of information. Dr. Hall appears to have encountered an epidemic of this affection in the early period of his career, and without venturing an opinion as to what it was, wrote a treatise of ninety-six pages on it, "*Cases of a serious affection chiefly occurring after delivery, miscarriage, etc., and of a similar affection unconnected with the puerperal state.*" The general character of the serious affection of Dr. Hall appears to us to be the same as that of puerperal anæmia, or the nursing sore mouth, since described in the Journals of this country—its victims are the same, and there is a striking similarity in the history and progress of the cases—the whole phenomena in fact, even to the mode of death. Dr. Hall's cases do not, perhaps, appear to have been characterized by as marked a tendency to ulceration of the mouth as the general run of cases described in this country, though, from the fact that those persons were among its frequent victims, who suffered from "aphthæ with irritable stomach," it is evident that sore mouth was a symptom generally in Dr. Hall's cases.

The causes of the affection Dr. Hall supposes to be, irritability and exhaustion following the shock, drain or fatigue of the system incident to parturition, abortion, or lactation.

The subjects of the disease are those exhausted by diarrhoea or other sickness previous to delivery; those of pale, icterode complexion, who had been anasarious, or who had suffered from aphthæ with irritable stomach and bowels; those exhausted by repeated and prolonged uterine or other hemorrhage, or depletion for subduing inflammatory diseases; and the naturally delicate and feeble. He has seen it suddenly developed after venesection, and also after full purgation. Anxiety, alarm, and disturbance of mind have seemed to cause it. The affection in some instances came on in the latter period of pregnancy. Sudden and unexpected death sometimes occurred after delivery, or even after

blood-letting. By a removal of the exciting cause, as a prolonged menorrhagia or an exhausting lactation, the prominent or urgent symptoms frequently ceased. The affection sometimes proved fatal after a more or less urgent, protracted, and varied course; and in other cases there was long-continued indisposition. The doctor attempts to arrange his cases under six varieties, as follow: "1. The acute; 2. The more continued; 3. With general symptoms; 4. With some predominant local affection; 5. As the effect chiefly of intestinal irritation; or 6. Of hemorrhage. The greater number of cases, however, do not admit of being referred to any one of these divisions, distinctly or exclusively, but assume a mixed character." He arranges his account of the symptoms with reference to the regions of the body affected, as follows:

The head.—"Severe pain, beating and throbbing, rushing or cracking noises, vertigo on assuming the erect posture, intolerance of light and sound, wakefulness, starting during sleep, waking hurried and alarmed, faintness, feeling of sinking, of impending dissolution, overcome by noise, disturbance, and thinking even, and delirium.

The heart is in different cases affected with palpitation, fluttering, irregular and feeble action; there are beating and throbbings of the carotids, and sometimes even of the abdominal aorta; great rapidity and sometimes irregularity of the pulse; faintness or fainting; urgent demand for the smelling-bottle, fresh air, fanning, bathing of the temples; feeling of impending dissolution; incapability of bearing the erect position; and sometimes early fainting from V. S.

The respiration is affected in different cases with panting, sighing, heaving, gasping, moaning, blowing, catching, with urgent demand for fresh air. There is sometimes great and alarming oppression about the chest. There is in some cases an irritative cough.

The stomach is liable to become affected with irritability, sickness, retching, vomiting, hiccough and eructation; the bowels with constipation or diarrhoea, pain, flatus, distension, etc.

Muscular system.—"There are very frequently urgent restlessness, tossing about and jactitation. In some cases various spasmodic affections have occurred.

The seats of pain are usually the head, the side, the iliac region, the loins, the uterus, and the abdomen generally. The pain of the iliac region and of the abdomen are often attended with much tenderness."

Dr. Hall impresses the idea that this affection will never bear blood-letting, although the local affections often led the practitioner to believe inflammation present. He does not attempt to ex-

plain the nature and pathology of the affection. The broken down and debilitated are its victims, and the greater the weakness the greater the susceptibility. *Males are sometimes attacked with this complaint.* The indication in the treatment is to restore the vital energies.

Remarks.—It is very evident from Dr. Hall's account of this affection, its causes, its subjects, its very varied and grave constitutional symptoms, with complete prostration of the vital powers, while seeming grave local inflammations are apt to set in and mislead in the treatment, that the "serious affection" described by him in 1820, in the British Journals, is identical with the "nursing sore mouth" affection first described in the Journals of this country in 1830 by Dr. Hale; at least it appears so to us, and the anomalous character of the cases being such as to prevent Dr. Hall from naming the disease, is strong confirmation of this. The identity of the two affections being conceded, we here establish another point of great importance in our researches, viz: that *males are sometimes subjects of the complaint.* This accords with our experience, although the idea has never been hinted in the Journals of this country. We have repeatedly seen men and boys subjects of the complaint, and also girls, as well as suckling women.—Hence we infer that pregnancy and lactation are causes of the affection only so far as they tend to impair the general health by confinement or want of proper exercise in the open air, improper restrictions in diet, a gloomy state of mind, exhausting drains by hemorrhage, etc.

The special attention of the reader is invited, in these cases of Dr. Hall, to the prominent symptoms, viz: lassitude, sinking, fainting, icteric pallor and anæmia, pain and tenderness of the abdomen, diarrhoea or constipation, aphthous ulcers and other local lesions, hemorrhagic associations, protracted course, getting well when the exciting cause was removed, as an exhausting menorrhagia or lactation, fatal tendency, sudden mode of death after some shock, as parturition, etc. We wish the reader also to notice the sudden development of the disease sometimes after a shock, as blood-letting, catharsis, or merely from the emotional shock of fear. All these are very instructive illustrations.

Contributions of American Physicians.—As before observed, Drs. Hale and Backus appear to have been the first to describe this affection in the United States, and an analysis of their contributions might, very properly, take the lead; but we prefer to place the most accurate account of the disease that has met our view first in order, and therefore give the substance of

Dr. McGugin's Article.—This valuable contribution appeared in the *Western Medico-Chirurgical Journal*, published at Ke-

okuk, Iowa, October, 1851, and is styled "*Stomatitis in Pregnancy and during Lactation.*" In the outset, the affection is stated to be the ulcerative sore mouth consequent upon and occurring during pregnancy and nursing, particularly described by Drs. Hale and Backus. The idea is entertained that it is a disease peculiar to this country, rare on the sea-board, more common elsewhere. The doctor had met with several cases in two years' practice at Keokuk—says its pathology is not understood, and why it appears in certain localities, and whether or not caused by miasm, not known to the profession. Thinks local causes only act feebly in its production, that the real cause is in the system, for that the disease is relieved when the infant is removed from the breast—has found the scrofulous constitution most subject to it—thinks it arises from faulty nutrition, and that pregnancy, which favors excitement in the lymphatic system, somehow tends to develop it—that the glands of the mouth largely partake in the excitement, and in lax and strumous habits the feeble integrity of the tissues gives way to ulceration. Passing from the doctor's theories, we give his more valuable delineation of symptoms.

"The patient complains of burning heat, similar in sensation to that produced by hot fluids, when taken into the mouth. Food, when taken, even of the blandest kind, is swallowed with pain and difficulty, and that which is solid is masticated imperfectly and painfully. The lower lip is tumefied, and turns out and downward, and in the efforts to speak, the saliva, limpid and scalding, pours over it. There is pallor of the face, an anxious and painful expression of the countenance, and a crescentic dark circle below the eye.—The pulse is small and frequent, the skin dry, and the mind irritable and despondent. The mucous lining of the mouth is highly vascular and livid in color, the tongue red and often swollen, and early in the attack small granular elevations may be seen along its edges and tip, and still more highly vascular than even the surrounding mucous membrane. These points are highly sensitive, and much suffering is produced when the tongue touches the teeth or jaw. Very soon these show yellow vesicles on their tops, and in a short time these burst, leaving an ulcerated tip or depression, and rapidly, under the ulcerative process, extend themselves over the surface. They now multiply in number, and may be found within the lip, under the tongue, within the cheeks, and in the fauces. Now the suffering is great, for the surfaces of these ulcers are most sensitively endowed. They may extend down the œsophagus into the stomach, throughout the intestinal tube, into the posterior nares, down the trachea, along the bronchiæ, and finally involve the lungs in an irreparably diseased condition."

Case.—"Mrs. W——, of scrofulous predisposition, and ad-

vanced to the seventh month of pregnancy, had been laboring under stomatitis for three weeks before advice was taken. The tongue, the lips, the cavity of the mouth and fauces, were thickly covered with ulcerated patches. From the difficulty of swallowing, it was most manifest that it had proceeded downward along the lining of the œsophagus, and it was just as evident that the mucous coat of the stomach was also seriously involved. There was much suffering on deep pressure in the epigastric region, and food was rejected immediately upon swallowing it. The symptoms pointed to a diseased condition of the cardiac orifice. There was at this time some constipation of the bowels. After a time, from a change in the voice, together with a sense of tightness of the part, and stiffness of the muscles of the neck, it was evident that the larynx and trachea were suffering also. There was slight cough, with a muco-sanguineous expectoration, and upon retiring to bed, the semi-recumbent posture was chosen to favor inspiration, in which position the head was thrown back. There was slight dullness upon percussion over the entire thoracic surface. There was feeble respiratory murmur, owing to the thickened walls of the larynx, aided, doubtless, by the preternatural smallness of the chest.

"She had now arrived at the eighth month of her pregnancy, the previous month having been spent in the foregoing developments. The symptoms now assumed a more grave character; the cough was constant and harassing; the sputa thick, tenacious and slightly sanguineous; wandering pains through the chest; respiration difficult at intervals; dullness over the entire thoracic surface, particularly manifest in the superior sternal and the right clavicular regions. There was bronchial respiration, but no vesicular murmur; irritability of the stomach so great as to reject food, drink or medicine. The dejections showed a large admixture of thick tenacious mucus, similar to that expectorated.

"About the middle of the eighth month the following were the symptoms: There had been a large discharge of pus in coughing; pectoriloquy in right infra-clavicular region; the ulceration had extended to the posterior nares, followed by alarming epistaxis, doubtless from the destruction of a vessel in the progress of ulceration; the irritability of the stomach continues as before; colliquative diarrhoea and hectic fever; cough persistent; sputa purulent and muco-purulent.

"Her confinement, which was now close at hand, was looked forward to as an event which would close her sufferings. All the symptoms continued in an exalted form up to this period, when uterine contraction came on, and her labor was concluded in two hours from the first evidence of uterine effort; was easy, and fol-

lowed by but little loss in discharges. She, however, began to sink rapidly, and in eight hours from the delivery of the child she died. The child was less than the average, but appeared healthy. In a few days, however, as I learned, it sank rapidly with similar symptoms to those of the mother.

"The treatment was such as would naturally suggest itself; but the irritability of the stomach opposed a serious difficulty to the prosecution of any treatment, or a fair trial of any remedial agents internally."

In commenting on this case, Dr. M'Gugin notes the rapid development and extent of the local lesions, particularly phthisis, which is ordinarily hushed in pregnancy, but here it was developed:

Where the disease comes on after delivery or during lactation; he says, "it is attended with prostration, and even before the attack there is a sense of sinking and depression." Thinks the drain upon the system in the secretion of milk favors the rapid development of the disease, and therefore the infant should be separated from the mother before she is permitted to sink into hopeless anæmia. Suggests that animal chemistry may, by analysis of the milk, yet throw light on the pathology of the disease. Illustrates the imminent hazard that sometimes presents—the mother laboring under this affection, and the infant in the critical period of dentition—to wean may be death to the child, and not to wean death to the mother. Such a case came under the doctor's care the summer previous, and caused him much anxiety, but he saved both mother and child. The cure of the mother was ascribed to hydriodate of potash, a nutritious diet of broths, and porter as a drink. Several subsequent cases, he says, yielded to the same course of treatment; one especially, where, in a prior attack, weaning the child had to be resorted to in order to save the mother. Dr. M'Gugin says he has no confidence in any other remedy. The hydriodate of potash in solution also recommended as a gargle, and iodine to be added where the ulcers are "dark and ill-conditioned." Cinchona, porter, nourishing jellies and soups, and warm saline baths. If these means fail, wean the child.

Remarks.—Dr. M'Gugin's description of the disease and case reported illustrate the symptoms, progress, fatal tendency and sudden mode of death after a shock to the system, so accurately, that nothing is wanting but the anatomical characters to render his contribution complete. To be sure he infers what, no doubt, an autopsy in the case would have revealed, viz: ulcerations or lesions of the epithelium throughout the gastro-pulmonary branches of the mucous membrane—that is, in spots and patches. The sero-sanguineous salivation, alarming epistaxis, and development of tuberculousia, justify this conclusion.

We have witnessed several instances of *sudden and unexpected death* after delivery in this affection, as noticed by Dr. M'Gugin and Dr. Marshall Hall, and shall speak more at length of this feature of the disease in our analysis of cases. Suffice it that we invite especial attention to it in this connection, as also to the *hemorrhagic tendency* spoken of by Drs. M'Gugin and Hall.—The reader should also bear in mind the *prostration and sinking*, spoken of by Dr. M'Gugin before the disease comes on—that is, before the mouth becomes sore. This is doubtless the “forming or fixing stage” of the affection spoken of by Dr. Judkins. The local lesions, then, are secondary, according to these contributors, which accords with our experience. Here then we establish another important point in our researches, viz: that the local lesions of the mouth, fauces, stomach and bowels, posterior nares, and bronchial membranes, are consequent upon the general or constitutional affection. One other symptom, or rather objective sign, noticed by Dr. M'Gugin, is worthy of special attention; it is the highly vascular and *livid color* of the mucous lining of the mouth, spoken of. The papillary blisters or yellow vesicles that form on the sides of the tongue, and spread to all parts of the mouth and fauces, stomach and bowels, etc., are spoken of by others, as are constipation and diarrhoea. We wish the reader also to take note that a *salt of potash* is Dr. M'Gugin's main remedy; not that he was the first to call attention to the efficacy of a salt of potash or soda in this disease, but because he bears testimony to this fact.—In the dietary he prescribes, viz: *nourishing jellies and soups*, aided by porter, cinchona, and warm saline baths, he agrees well with other contributors. Calling attention to one other circumstance, viz: the sinking and death of the infant “with similar symptoms to those of the mother,” we will close our comments on this very instructive contribution.

The Contributions of Drs. Hale and Backus are made the basis of the descriptions of this affection to be found in *Stokes and Bell's Practice*, second edition, page 54; and also in *Wood's Practice*, third edition, vol. 1, page 500. Both of these standard authors, Bell and Wood, have taken it for granted that this is a new form of disease, without ever having seen it, or had an opportunity of investigating its character! Both reflect the opinions of Drs. Hale and Backus, that the disease is at first a local affection or ulceration of the mouth, extending by degrees to the fauces, stomach, and bowels, and thus secondarily involving the constitution, and breaking down the general health; and both follow the dogma inculcated by these and most other contributors, that the disease is peculiar to suckling women, though it may possibly occur in the latter months of pregnancy. According to

these authors, Dr. Hale's first communication on the subject is to be found in the *Medical Communications of the Massachusetts Medical Society*, vol. v., 1830; and his second, in the *American Journal of the Medical Sciences*, April, 1842. Dr. Backus' article in the latter, January No. 1841. We have not seen the original contributions, but the substance of them, as set forth in the articles styled "*Stomatitis Nutricum*," by Dr. Bell; and "*Sore Mouth of Nursing Women*," by Dr. Wood, which are the sources of this analysis of Drs. Hale and Backus' views, and which for reasons that will be obvious shortly, we feel it to be particularly incumbent on us to carefully reflect.

According to Bell and Wood's works on Practice, then, the incursion of the disease is sometimes sudden, and the local affection of the mouth is characterized by loss of taste, scalding sensations, patches of painful pimples on the sides of the tongue and mouth, which after a time ulcerate, and produce very painful sores, with hard elevated edges, and an inflamed circle around them. The inflammation, as the disease progresses, extends over the mouth by means of successive crops or patches of these papillæ; the surfaces of the mouth become exquisitely tender; the taking of food and drinks causes much pain; and a copious salivation sets in. This local disease, as it is considered, is not at first attended by febrile symptoms, loss of appetite, or furred tongue, but on the contrary the appetite is good throughout the course of the disease, and the tongue is red and smooth; but if the disease be not arrested, ulceration extends to the fauces, œsophagus, stomach, and bowels, and then great intestinal irritation and severe constitutional symptoms supervene, with diarrhœa, debility, emaciation, etc., which overwhelm the patient and often end in death. This gives a condensed outline of the symptoms as recorded in the standard works of Drs. Bell and Wood, professedly drawn from the contributions of Drs. Hale and Backus. Dr. Hale, it is stated, has seen considerable loss of the substance of the tongue by sloughs; and Dr. Backus has noticed so sudden an attack that, "in three hour's time after seeing your patient in health, you may find her with a scalded tongue and fauces, and unable to converse or take food." [!]

The cause of the disease is ascribed to some unknown baneful influence, exerted on the system by nursing. [!]

The subjects are wholly women in the suckling condition; or if pregnant women are attacked, they are those who had had the disease previously while suckling, and had established a predisposition to it. It is very apt to recur in subsequent nursings if a woman has once had it.

The constitutions most liable to it are the leuco-phlegmatic and dyspeptic, which are habitually costive; but others, even the most robust, are sometimes its victims. It appears to be much more prevalent in some localities than others.

The prognosis is generally favorable, if the constitutional symptoms of exhaustion have not run too long; and it is chiefly where there is a predisposition to phthisis that alarm need be felt, and the child weaned. Notwithstanding the wasting and weakness of the mother, the secretion of milk holds out, and the child continues vigorous and healthy.

The treatment is rested mainly on tonics, laxatives, *lemon juice and bicarbonate of potash* in effervescing draughts, *tartaric acid* in small beer, and porter, with nourishing diet; at least this is Dr. Hale's treatment, and very little value is attached by him to local treatment. Dr. Backus recommends chalybeates combined with laxatives. The nitrate of silver is recommended as a local application. Weaning the child is thought to be an effectual measure.

Remarks.—The above is a faithful abstract of the accounts given of this affection, by Drs. Bell and Wood, drawn from the contributions of Drs. Hale and Backus; and no one, we presume, will question the identity of the disease with that described by Drs. M'Gugin, J. P. Hall, Marshall Hall, Ellsworth, and Judkins.—The several descriptions all comport in the main. There is nothing particularly important in the descriptions of the affection as drawn from Bell and Wood, over and above that of others, on which we can rest a point, save in the treatment, viz: that *lemon juice, tartaric acid, and a salt of potash* are effectual remedies.

To post up the several points made in our researches, by way of keeping the mind refreshed, we find we have made the following, viz: 1. The nursing sore mouth is not an affection peculiar to nursing women. 2. It manifests itself epidemically after cold protracted winters. 3. Males are sometimes its subjects. 4. The local lesions are secondary. 5. The vegetable acids and salts of potash are effectual remedies. These points we think are clearly established, to say nothing of the balance of the testimony, all tending in the same direction, and, as we think, conclusively proving that this anomalous affection, which has been stumbled over by the profession in Europe and America for the last thirty years, is nothing more nor less than LAND SCURVY. This has been our conviction for many years, since 1835, when we first encountered it, and met it successfully with anti-scorbutics. In 1851 we reported sundry cases of it successfully treated on this plan, in the *New York Journal of Medicine*, and presumed it was only necessary to call attention to its real and true nature to have the matter fully appreciated. We there remarked as follows: "These cases are reported because of their practical bearing. Marvellous accounts of this nondescript disease, called 'nursing sore mouth,' appear from time to time in the journals; and why some one has not set its nature and pathology to rights, who is in the habit of contribu-

ting to, and fond of appearing in the journals, I am at a loss to understand." But it seems "we reckoned without our host," for Dr. Wood still adheres to opposite conclusions, which are being widely disseminated. He closes his article on "*Sore Mouth of Nursing Women*," with an allusion to our views as follows: "Dr. M. L. Knapp, formerly Professor of Materia Medica in the University of Iowa, considers this disease as essentially scorbutic; and has treated cases on this principle successfully, which have come under his notice; but the affection, as described by Drs. Hale and Backus, has not the peculiar features of scurvy, and differs probably from that noticed by Dr. Knapp."

Now our object in elaborating this subject is to arrive at the truth. Dr. Wood is a prominent author, his opinions have deservedly much weight, and, as we are at issue on a question of fact, as to whether or not the affection described by Drs. Hale and Backus presents the peculiar features of scurvy, we invite a careful attention to the subject. If a scalded, driveling sore mouth in female subjects, exhausted and prostrated by breeding and nursing, displaying increasing patches of ulceration of the mouth, tongue, fauces, and extending to the bowels and bringing on diarrhoea, profuse salivation and complete prostration of the system, development of grave and complex constitutional symptoms and local lesions—if these phenomena do not present the leading "peculiar features" of land scurvy, we ask what symptoms do? and if lemon-juice, tartaric acid, and a salt of potash prove effectual remedies, what then? We are not ambitious to "shiver a lance" with Dr. Wood; but nevertheless, as our views are crowded to the side of error by him, in the diagnosis of a disease in which we have had much experience at the bed-side and he none, we owe it to medical science and humanity, to endeavor to right ourself, and stay the promulgation from so high authority of so absurd a medical philosophy as teaches that this is a *new disease*; that it is *peculiar to nursing women*; that it is caused by some *unknown baneful influence exerted on the system by nursing, etc.. etc.*; and that denies that *soreness of the mouth in a suckling woman, anæmia, prostration, salivation and diarrhæa*, present the "peculiar features" of scurvy; and where, in the same breath, it discloses unwittingly the reason why *lemon-juice, tartaric acid and a salt of potash* are reliable remedies!

Dr. Channing's Article.—In the *New England Quarterly Journal of Medicine and Surgery*, for October, 1842, is an article on this affection, with cases, which is epitomized in the *Maryland Medical and Surgical Journal* for December of the same year, as follows:—*Notes on Anæmia, principally in its Connections with the Puerperal State*, by W. CHANNING, M.

D. The cases detailed in this article are quite interesting, and seem to demonstrate the existence of some pathological condition other than the loss of blood, producing the condition which Dr. C. thinks is improperly called *anhæmia*. He ventures to suggest, and sustains his suggestions with great plausibility, that this pathological condition consists, if not entirely, at least in great part, in the subversion of the functions of the capillary system, by which the blood passes from the arteries to the veins, without undergoing its usual changes. The symptoms of this condition are a brilliant whiteness, smoothness, roundness, dryness and warmth of the surface every where; the blanched lips, mouth, tongue; the scarcity of external or subcutaneous veins, and the bright pink color of their contents, with the want of the roundness in these vessels, which results from fullness, various noises in the head, the mind in various states, but generally having a serene anticipation of death.—There is tumultuous action of the heart. Dr. Channing, sustained by his cases, infers a close connection between the puerperal state and this morbid condition, and in such a connection the disease is most fatal. The cause of the disease being so obscure as it is, the treatment is necessarily undefined, and can only answer obvious indications. Dr. C. suggests as an inquiry, what might be the effect of transfusion?

Remarks.—The ‘puerperal anæmia’ of Dr. Channing is evidently the ‘serious affection’ of Dr. Hall, and the ‘nursing sore mouth’ of other contributors. Doubtless also it is the ‘hydræmia gravidarum’ and ‘endangium out of order’ of Dr. Meigs, and the ‘leucocythemia’ of Dr. Bennett. There is something behind the scene in the pathology of all these watery blooded cases, with a powerless fiber, palpitating heart, panting respiration, and a brain looking with serene anticipations on death, that stamp them as more than simply *anæmia*, or loss of blood, as Dr. Channing says, and we fully agree with him that the affection is improperly called *anæmia*, it is the scorbutic diathesis developed in various degrees and in various ways, and sometimes in delicate females by improper restrictions in diet under medical direction. The materials for healthy blood have been withheld from the dietary, or the organs of digestion so deranged that nutrition and assimilation have become starved of their rights. It appears idle to us to look for the cause of the difficulty in some unknown, mysterious disturbance of the functions of the capillaries, as Dr. Channing suggests, or in the endangium as Dr. Meigs conceives, or in the spleen as Dr. Bennett argues. No doubt the capillaries, the blood membrane, and the spleen are all at fault, and suffer from impoverished blood. All the solids are equally as hydræmic, or leucocythemmic, as the blood itself; hence the softening of glandular structures, and local

lesions of the tissues. Where the causes and the co-operating causes are acting powerfully, as in a delicate breeding woman who has suffered in the earlier months of her pregnancy from morning sickness, and in the latter months from heart-burn, and who has been dieted on tea and toast, ulcers of the mouth should break out before delivery; but under more favorable circumstances there may be no local lesions, and yet very marked constitutional derangement. We have met with cases of years' standing where there were no ulcers of the mouth, only a lividity of its tissues, without salivation, even; and we have known cases of the affection to terminate fatally where soreness of the mouth was not complained of at all.

This leucocythæmic, or white cell blood diathesis, is particularly prevalent in malarious districts. We have seen much of it under such circumstances in both sexes. It is much more frequently met with, however, in females, from the chlorotic girl to the suckling mother, than in males, as the victims of land scurvy are "principally women." (*Good.*) Iron alone is not a sufficient remedy, though we agree with Dr. Meigs (*Letters to his Class On Woman and her Diseases*), that it is a good one; but all the elements of a healthy nutrition, as furnished in the "good rich diet" advised by Dr. Judkins, and the "nourishing jellies and soups" recommended by Dr. McGugin, together with the acidulated drinks of Dr. Hale, must be judiciously brought to bear upon these cases, aided by tonics, and a correct hygiene; which being found effectual, proves our views of the nature of the malady correct.

Dr. Channing infers a connection between the puerperal state and this morbid condition, in which connection the disease is most fatal. Others have inferred its connection only with the later period of lactation; but we have seen that it is also associated with gestation, and furthermore, that it is often the inheritance of infancy. The majority of infants at the breasts of mothers laboring under it, imbibe it. This we have verified over and over again, during the last twenty years, by the success of the lemon-juice treatment. We have rescued hundreds of puny, suckling infants, covered with indolent bores, or wasting under diarrhoea, simply by the administration of lemon-juice to the mothers, and throwing away the blue pill mass, etc., with which they were being drugged. Now the records of scorbutus show that infants imbibe the diathesis from the impoverished materials afforded by the milk of mothers laboring under it. And who so blind as not to see the identity? But let us briefly trace this infantile inheritance from nursing sore mouth or scorbutic mothers. If the infants live to be weaned, thousands upon thousands of them perish of cholera infantum during their second year. If some of them reach puberty, the vis

vitality is too feeble, and green-sickness sets in, and ends in the local lesion of tuberculosis. If chlorosis be averted by chalybeates and a proper hygiene, still the leuco-phlegmatic constitution is formed in the girl, as her lax soffids and palid countenance, leucorrhœa, falling of the womb, and tendency to local lesions of the os, import; and when this victim becomes a mother, nursing sore mouth sets in as a matter of course. Our philosophy, then, goes further back than simply to note that the leuco-phlegmatic constitution is the one for ever liable to nursing sore mouth; it explains the cause of this constitution, lifts the curtain and gives us a peep behind the scene.

Dr. Shank's Article.—This article, *On Epidemic Sore Mouth and Diarrhœa peculiar to Nursing Women*, by LEWIS SHANKS, M. D., of Memphis, Tennessee, we find epitomized in the December number of the *Maryland Medical and Surgical Journal*, December, 1842, drawn from the *American Journal of the Medical Sciences*, October, 1842, as follows: "In the treatment of this malady, when it occurs in the last months of gestation, as it sometimes does, Dr. S. relieves the excitement in the robust and plethoric by bleeding, followed by alteratives and laxatives, such as blue mass, calcined magnesia, and rhubarb in small doses; in those of feebler health, in whom there is little or no feverish excitement, he prescribes, as a tonic and alterative laxative a combination of blue mass, ipecac, carb. of iron, rhubarb and aloes in proportions to suit each case. Ipecac alone, in doses of from one-half to two grains, is a good remedy.

During nursing, when the disease becomes chronic and is attended with diarrhœa and emaciation, a course of alteratives and a rigid attention to diet are indispensable. In some bad cases a solution of arsenic and corrosive sublimate, containing of each a sixteenth of a grain for a dose, given two or three times a day, with a diet and drink of soda with barley water, or of wine and water and milk, has succeeded better with Dr. S. than any other course he has tried. As a wash for the mouth, the infusion of sanguinaria is recommended by him. Weaning the child is indispensable in grave cases attended with much emaciation and nervous irritation. In a description of this disease as it occurred at Rochester, N. Y., Dr. Backus says, the onset is often sudden and the bowels always constipated; and the most successful treatment is with alteratives and laxatives combined; but at Memphis, Tennessee, it comes on gradually and in its well-marked chronic form, which never occurs except during lactation; the constant diarrhœa excludes the use of purgatives or laxatives. In the same city, and in the low alluvial country near it, constipation is rare either in health or disease.

Dr. Taylor's Article.—We find an epitome of this also in the *Maryland Medical and Surgical Journal*, March, 1843, drawn from the January number, same year, of the *American Journal of Medical Sciences*. It is entitled *Remarks on a Species of Sore Mouth peculiar to Nursing Women*; by B. W. TAYLOR, of Monticello, Va. "After having tried various tonics, vegetable and mineral, and laxatives, with only partial success, Dr. T. has found that equal parts of sulphur and cream of tartar in broken doses, to keep the bowels open, constitute the best treatment as regards internal remedies. It appears to have almost a specific influence over this disease. The best external application he thinks is borax. He has also derived great benefit from a weak solution of nitrate of silver. In cases attended with considerable exhaustion, the sulphur and cream of tartar should only be used to the extent of obviating costiveness, if it exist; and tonics, such as iron, cinchona, and elixir vitriol should be given. Porter is also advised. Should the case be complicated with diarrhoea, opiates should be given, with mucilaginous drinks and farinaceous diet. In cases that prove refractory, wean the child, when a speedy cure will take place."

Remarks.—This article furnishes further proofs of the efficacy of the salts of potash and soda in this disease.

Dr. Ware's Article.—In the *American Journal of Medical Sciences*, 1849, is a brief article on "*Nursing Sore Mouth*, by J. YALE WARE, M. D., of Massachusetts," stating that the affection is rapidly on the increase in that locality. No symptoms or cases are given, but Griffith's myrr. mixture is recommended as an infallible remedy. Nitrate of silver as a gargle is also advised, of the strength of two grains to an ounce of water, and a teaspoonful to be swallowed three times a day if soreness extends to the stomach. It is believed if this course is pursued weaning need not be resorted to.

Dr. Holt's Article.—A brief article appeared in the *New York Journal of Medicine*, in May, 1848, from the pen of HENRY D. HOLT, M. D., of New York, recommending the hydriodate of potash in five-grain doses three times a day, given in the compound decoction of sarsaparilla. This had proved effectual in sundry obstinate cases. The doctor says, "without propounding any theory of the pathology of the disease, or *modus operandi* of the medicine, I feel persuaded that the one is as near being a specific for the other as can well be conceived."

Dr. King's Article.—This article of Prof. John King, M. D., of Cincinnati, appeared in the *Eclectic Med. Jour.*, April, 1852, and although it gives a similar account of the disease to that which may be found in Bell or Wood, presents nothing particularly new

in the history or treatment, except that it is stated there is always a dry, inactive state of the skin, for which alkaline washes and the spirit vapor bath are recommended. And we take leave to add, that the skin is always *scurfy*, oftentimes sprinkled with *petechiæ*, and in some instances of extreme prostration we have seen *vibices*.

Thus much for the history and literature of the affection, embodying the present state of medical knowledge on the subject.—Some few other papers giving an account of the affection have appeared, we believe; but, so far as we have been able to learn, the disease has never been suspected of being of scorbutic character by any contributor save ourself. We are not able to say what the impressions may now be on the mind of the profession, after an examination of the literature of the affection with the key of explanation offered by us, nor are we anxious at all about the matter further than the interests of science and humanity are concerned. Indeed we would rather regret to have proselyted many to our views in this early stage of our inquiry, lest interest in the subject flag, and would rather invite a suspension of opinion until we shall have pushed our enquiry through its several chapters. A question in practical medicine as important as this, deserves to be well and carefully considered, and all opinions sifted before final conclusions be drawn. This chapter is but preparatory—the collated views of others. If after our researches shall have been completed, it turns out to be the general sense of the profession that the nursing sore mouth affection is a new disease, then let it be retained in Wood, and in Stokes and Bell, and inserted in other standard authors; but if it be proved to be *scurvy*, let us study that disease instead, which we think, has been culpably overlooked of late years.

Doubtless the same liability exists in the human constitution, to take on the scorbutic diathesis, that has existed since the days of Hippocrates, by whom it was first described, and that existed in all time before, and that will always exist to the end of time, under a faulty alimentation or a meagre supply of proper materials for forming healthy blood, perverted digestion, and obstructed aëration.

This faulty condition, no doubt, obtains to a very considerable extent in the present state of society and modes of life, even under our improved notions of the etiology of scurvy and the more general attention paid now-a-days to gardening and fruit culture.—The poor inhabitants of cities, who are compelled by necessity to the daily infraction of the laws of a healthy dietary, are thereby rendered more or less scorbutic unquestionably, a standing cause of the aggravation of all their diseases, and of the vast amount of infantile mortality in our large cities; and we shall show conclusively, before we finish these researches, that the rich and high-

born are frequently rendered the victims of scorbutus by mistaken notions as to what constitutes a proper and wholesome dietary; in other words, that restrictions in diet together with sedentary habits lay the scorbutic diathesis in the symptoms of many a breeding woman in high life,

EIGHTH ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.
(CONCLUDED.)

Dr. Sanford B. Hunt resumed the reading of his report on the hygrometrical state of the atmosphere, in various localities. Pending the reading of the account, a motion was made and adopted, "that the desultory conversation of members be dispensed with." The report abounds with interesting facts on the subject of epidemic diseases, during the summer of 1854.

It was accepted, and referred to the committee on publication.

A resolution was adopted, providing that a committee be appointed to confer with the directors of the several railroad and steamboat companies, with the view of having commutation tickets issued to the delegates to the convention, to be held at Detroit next year.

Dr. Frank H. Hamilton, of Buffalo, N. Y., then submitted a report on "Deformities after Fractures." The report was not complete, the author having only considered fractures of the ossa nasi, septum nasi, superior maxilla, inferior maxilla and clavicle. Copious statistics accompanied each fracture.

Dr. Hamilton said he had a word to say which did not belong to the report. Prosecutions for malpractice have become so frequent that surgeons were alarmed, and not a few were abandoning the profession, or refusing altogether to undertake the treatment of grave surgical accidents, and especially of fractures. So frequent were these prosecutions that members were no longer surprised at such statements. If they had heard the speaker say that lawyers were abandoning their profession from this cause, they would have been startled, but to us the fact is familiar.

It is proper for us, then, to interrogate ourselves. Why is it that we are held to an accountability so much more strict than any other professional men, or than any other artisans? Is it because there are jealous and designing men in our own ranks who instigate these suits? No doubt such men may be found, but only as an exception. The fact is that surgeons have sometimes been mulcted in damages simply because the jury believed, from the united character of the medical testimony, that it was a conspiracy, and the more conclusive the testimony, the more certain, with some jurors, is the defendant to suffer.

Is it chargeable to the members of another profession—to the lawyers? There may be some men in the profession of law, also, who, driven by the sheer necessity of their circumstances—by their extreme poverty, or who, without any such apology, with only loose notions of right and wrong, encourage and undertake such suits—such are the men who hang about the tombs in New York, and who may be found, more or less, in every town—but the speaker has reason to believe that honorable and intelligent lawyers seldom countenance these prosecutions. That eminent jurist of the state of New York, Joshua Spence, has told Dr. Hamilton, that for himself he does not think he ever commenced a suit of this character, although he has been frequently retained as counsel, and he believes his brethren, generally, look upon these complaints with suspicion and refuse to meddle with them.

Where then, must we look for an answer to the question, Why are these prosecutions against surgeons so frequent? Let the gentleman be assured, the causes are to be found in the very imperfections of our art, and in our own unwillingness to admit these imperfections. Surgeons have claimed too much, and it cannot certainly be expected that the world will demand of them less than they claim for themselves. Again and again surgeons have said that a fracture of the femur might be generally made to unite without any shortening, while the fact is not so. Malgaigne, who is eminently an honest man, says, to make this bone unite in an adult person, where the fracture is sufficiently oblique to prevent the ends from supporting each other, is “simply impossible” (*simplement impossible*.)

Let the profession be wiser in future and acknowledge that they cannot perform impossibilities.

Dr. Charles Hooker, of New Haven, read a report upon the “Diet for the Sick.” The document lays down certain laws for the government of diet in the various diseases “flesh is heir to,” and specific articles that may be given to patients. Referred to the committee on publication.

A resolution expressing the thanks of the association to the ex-President and other officers, for the ability with which they have discharged their duties, was adopted.

At this period the association adjourned to proceed to Independence Hall. On arriving at this place, the delegates were introduced to Mayor Conrad, by Dr. Isaac Hays, chairman of the committee of arrangements.

Dr. Hays briefly addressed his Honor the Mayor, giving an outline of the history of the association, and alluding to the patriotism of the profession as exemplified in Rush, Warren, and others, closed as follows:

"But I may assure you that the spirit which animated our ancestors, if it appear dormant, is not extinct in our bosoms, and that while standing on this spot—the shrine sacred to Human Liberty,—we experience feelings akin to those which the inspired Law-giver must have felt when he heard the voice calling to him out of the midst of the burning bush—"Put off thy shoes from off thy feet, for the place whereon thou standest is holy ground." (Loud Applause.)

The truly eloquent reply of Mayor Conrad will well repay perusal.

REPLY OF MAYOR CONRAD.

"Mr. Chairman of the Committee of Arrangement, I thank you in the name of the community which I have the honor to represent, for your eloquent introduction of our friends to the authorities of the city, and to this, the Hall of Independence.

Gentlemen of the American Medical Association, I am proud of the privilege of extending to you, in the name of the government, and of the people, of Philadelphia, a most cordial welcome. (Applause.)

I bid you welcome to our city—a city which, deriving a cherished distinction from the profession which you adorn, is eager, now and ever, to requite it in her tribute of respect for its professors.—I welcome you to our people, whose intercourse, for many a year, with you or your brethren, has inspired a feeling which, reserved as we are sometimes said to be, will, I doubt not, burst into earnest and unambiguous expression, before you leave us. (Applause.)

I welcome you, gentlemen, to this Hall, but not as strangers, or the sons of strangers—for it is your own. As the temple and territory of Delphos, in the wildest domestic perturbations of Greece, afforded one sacred area over which the cloud of discord never gathered, one altar whose worship was never invaded, this spot, consecrated to our common American glory, knows no lines of latitude, and belongs, in truth, no more to us, whose peculiar privilege it is to inherit its guardianship, than to our brothers—to you. In coming hither, therefore, you come home. (Applause.)—These precincts have been hallowed, for all time, by the heroic virtues of your and our fathers. This is the fountain from the which the living waters of American liberty were first drawn, and it is, therefore, most sacred—(woe to the generation in which it ceases to be sacred!)—but, like the well of the of the Patriarch, all the tribes of Liberty's Israel own here an equal right, and owe here an equal homage. (Great Applause.)

In no sense, then, can I greet you as strangers, for yours are names familiar to every American proud of the science of his country, and those who are united, by this association, in a cause so

lofty as that eloquently characterized by your chairman, may not only claim the universal and acknowledged privileges of the republic of minds, but the rights of a nearer and dearer charter, the brotherhood of beneficence—the kindred claims of noble hearts, knit in the highest and holiest of human aspirations. In this spirit, with the most fervent and fraternal sentiments of respect and regard, I greet and welcome you.

You are right, Mr. Chairman, in claiming, amid the associations which hallow these precincts, a peculiar privilege for your profession—a profession which not only sprinkled, with the first blood of the revolution, the highest altar upon which valor vowed and dedicated our country to freedom—I refer, as you have referred, to Dr. Warren and Bunker Hill—but which, in every struggle for the enlargement and enlightenment of human destinies, has been eminently distinguished for courage, zeal and fidelity to the rights of man. You have, therefore, a peculiar right to claim kindred here, and have that claim allowed; and within these walls which witnessed the zeal of Rush, it would be treason to virtue to forget that one of the lights of your profession shed glory upon the solemn debates of this hall, and was foremost among those that bade yonder bell, (preserved and devoted to the veneration of posterity,) with its iron tongue to “*proclaim liberty throughout all the land to all the inhabitants thereof.*” (Continued applause.)

It is the glorious peculiarity of your profession that, while ambition, in its ordinary and most applauded paths, plays the part of *the Destroyer*, and wins glory at the expense of human life and happiness, you and yours, with a more exalted civilization and a nobler heroism, have ever *sought to save*. Next to the highest of all human courage—if, indeed, it be merely *human*—that of the martyrs of religious truth, the courage of the physician, whether on the battle-field or in the lazar-house, the courage of science and humanity, is the most sublime, and best entitled to the *clarum et venerabile nomen*. The vulgar courage of the warrior, under the base stimulus of passion or the low greed of applause, can hardly be compared to the noble intrepidity of the surgeon, who gleams, in the ruthless and red-handed reaper's path, the leavings of battle; and still less with the hero of the hospital, who encounters the grim antagonists in the horrid silence and gloom of the pestilence. Imagination can hardly embody an instance of human courage and virtue more sublime and unearthly than that of the physician, who in the midnight of a plague-stricken city, midst the fœtid solitudes of its alleys, and entering the devoted hovel of the wretched, ministers—while only pestilence, and misery, and death, and God look on, to the perishing. I need not step from this spot to grasp the hand of many a hero who claims no laurel—many a noble philan-

thiropist whose sacred labors in scenes like these, have been unmarked, save by the eye that never slumbers, and remembered only by Him, who alone can reward.

To such a profession, one venerable from its antiquity, noble from the grandeur of its objects, illustrious from its achievements, and which demands every aid and energy of genius and science, of head and heart that dignifies the race, it is not strange that, go where it may, a ready homage greets and a ready blessing attends it. In our own city, all that is noble in patriotism, all that is exalted in science, all that is bright and beautiful in the arts that refine society, all that is lovely and cherished and holy in private life, combine to render the profession sacred and dear to us.

There are few living to whom some one death in the past is not the sole event and solitary memory of the survivor's life—to him a lonely pyramid in the melancholy desert; and to such a mind and memory, the debt of the death-bed, where science, rendered holy by its office, ministered, though never paid is never repudiated. I never knew a good man, still less a good woman, who had not such a debt—a debt which bankrupt gratitude cherished with its holiest affections and devotest memories.

In these times, when the omnipotence of associated effort is invoked for so much that is of dubious merit, it is a gratifying spectacle to behold the enlightened professors of the most exalted of all arts—men sage and grave, unselfish and unassuming, forsaking the homes to which they are bound by the affections and the afflictions of thousands, by wealth and fame and influence, to wander wearily away upon a pilgrimage of hundreds of leagues, in the cause and interests of the human family, its security, its health and happiness. For more than ten years, the representatives of your profession have gathered in convention. What other body of our citizens have made a like effort—a like sacrifice? Selected from the most eminent of the profession, the delegates have been men whose years, like their virtues, were many. How difficult must have been to them the effort to burst through the bonds of a relying and clinging practice! How great the labor and how heavy the sacrifice! They have already visited in this duty, the cities of every section of our wide country. How many have fallen by the wayside? How many martyrs could you not thus number in this cause? How many of the good and great of the profession have, in these benevolent pilgrimages, joined the ranks of the thousands who have sacrificed themselves, at the requisitions of duty, as recognized and enforced by your self-imposed laws—joining the dead in the effort to aid the living. The epitaph of the Spartans at Thermopylae, might well commemorate the virtues and the fate of these martyrs. But if the cost has been great, the results have been commensurate.

Of the professional advantages attained, though I know them to be invaluable, I will not presume to speak; but I may be permitted to state, as health is the most important subject of municipal provision and care, that the transactions of the association, which I have examined with great interest, comprise much that merits the attention, and will reward the respectful consideration of the municipal government of the Union.

It is natural that Philadelphia should feel, as she does feel, a profound interest in the cause of medical education in this country. She cannot, of course, forget that it was here that the first medical college was established in this country; that its merits and success extorted a reluctant trans-atlantic tribute of admiration, and that progressing rapidly, but wisely, it achieved and maintained an equality with the most celebrated institutions of the old world. As the cause of medical education has expanded, and instructions worthy of the cause and country have sprung up, each triumph, thus attained has been regarded here as the successful outbursting of an offshoot from the primary effort; and Philadelphia, while rejoicing in the expansion and elevation of medical education throughout the land, has almost fancied—so earnest is her interest in medical education—that she had a right to indulge a parental pride in all that advances that interest.

These genial feelings have been maintained, in all their early and fervid freshness, by constant intercourse with all sections of our country. The ingenuous and gallant youths that have come hither for medical instruction have, in their unstudied intercourse, exhibited the character of their respective states in a light so generous and exalted as to win our affections not only for themselves, but for the communities and states which could exult in them as their own. Winter after winter, we have had hundreds of these noble young spirits among us here. And let me remark, that rigorous as I am said to be in the administration of the law, I have yet to know the first occasion to rebuke, much less punish, a medical student. We have found them as gentle and decorous in their deportment as they are exalted in their aspirations; and had Philadelphia—eminently catholic in her affections for her sister communities—needed a lesson of love and loyalty, these young missionaries would have taught it. This interchange of sympathies has endured for the third of a century, (may it last forever!)—Her youths who formerly bore those sentiments to the remote sections of our republic, stand before me now as the revered sages and ornaments of their profession, meeting here the evidences of a reputation which had preceded them, and has long been cherished by us. And who can tell what has been the results of this kindly interchange of kindly feeling? It has doubtless been felt in every

community, social, and political relation of life, correcting the prejudices, harmonizing the discords, and subduing the dangers of our common country.

We realize these facts. We recognize in the members of an enlightened profession like yours, so many patriots and philanthropists engaged in the great and general interests of the human race, and, apart from the more scientific acquisitions of your annual meetings, we perceive in them, results auspicious to all that we cherish, all that is kindly, forbearing and conservative between man and man, party and party, state and state, section and section; and so regarding them we hail and greet you with a welcome as sincere and cordial as the heart can forge or the tongue can utter. (Loud applause.)

On re-assembling at the Musical Fund Hall, it was resolved to visit the High School at 12 o'clock on Thursday, (to-day.)

On motion, the thanks of the association were tendered to Mayor Conrad, for the very cordial manner in which he had received the delegates in Independence Hall, and that a copy of his speech be printed in connection with the proceedings of this association.

Dr. Thompson, of Delaware, offered a preamble and resolutions providing for the appointment of a committee from each state to report on medical topography and epidemics. Ordered to lie over till next day.

Dr. Isaac Wood, the Treasurer, made a report, from which it appears that during the year the sum of \$3216 80½ was received, of which there is a balance remaining amounting to \$1115 26.

Dr. Francis Condie, from the committee on publication, made a report in reference to certain charges made against the committee and Dr. Meigs, which gave rise to considerable discussion.

Dr. Stewart offered a resolution, expressing thanks for the manner in which the committee on publication had performed their arduous labors. Pending the discussion, the resolution and the report were both withdrawn.

Dr. Watson offered a resolution appropriating the sum of \$1000 to defray the expenses of the committee to have prepared the stone for the National Monument. Adopted.

Dr. Mauran called up a preamble and resolution expressive of thanks to those United States Senators who so earnestly and ably advocated the passage of the bill relative to sickness on shipboard, as suggested by this Association.

The resolution was adopted, and copies ordered to be sent to the Senators.

Dr. Francis West, Secretary, read a paper from Dr. William H. Byford, of Evansville, Ind., on the "Pathology and Treatment of Scrofula," which, on motion, was referred to the committee on publication.

Dr. N. S. Davis, of Chicago, Ill., submitted a report on the nutritive qualities of milk, and the influence produced thereon by pregnancy and menstruations, in the human female, and pregnancy in the cow; and also on the question whether there is not some mode by which the primitive constituents of milk can be preserved in their purity and sweetness, and furnished to the inhabitants of cities in such quantities as to supercede the present defective and often unwholesome modes of supply.

The report was referred to the committee on publication.

The hour of adjournment now arrived.

At 4 o'clock yesterday afternoon, the delegates, accompanied by many ladies, visited Girard College.

3d and 4th day's proceedings next number.—*Buffalo Medical Journal.*

EDITORIAL DEPARTMENT.

EXTRACT FROM PROF. EVE'S VALEDICTORY.

PROF. PAUL F. EVE, of Nashville, has delivered one of his usual spirited and eminently professional Valedictories to the late large class of the College in which he teaches. We quote the following in reference to the meddling of the clergy with medical science, with the simple remark, that a member of the Philadelphia County Medical Society was lately near being expelled, for making one of these gentry pay him a moderate fee for the performance of an important and successful surgical operation!!

"Of all persons, one would suppose the clergy ought most to co-operate with the medical profession. There are certainly many good reasons why the two callings should unite harmoniously, and while mutually assisting each other, each in its own sphere of duties, never to come in collision. REID said, years ago, the medical cannot be separated from the moral science, without reciprocal and essential mutilation. And who, let me ask, are provoking this separation? I yield to no man in love and veneration for, or in honoring and sustaining, the humble, conscientious and devoted minister of God; but as for the hypocritical professor, who leaves his own calling to interfere with ours, and uses religion to cloak his designs, I consider him the worst enemy to both. One would suppose the clerical profession had enough of its own polemics to settle, without volunteering to determine the true science of others. If more faithfully and harmoniously engaged about their own all-important, holy calling, the apprehension entertained by many might be relieved, that some of the controvertists so fall out with each other concerning the true road to heaven, as never to reach their journey's end."

The above is taken from the *Philadelphia Medical and Surgical Journal*, to which we unite our testimony of the excellency of Prof. Eve's valedictory. He invites the attention of the profession to a subject of no little importance to its best interests.

There is certainly a very close relation existing between the

medical and the moral sciences. They are so closely allied as to be regarded, by the intelligent and informed, as handmaids to each other in the great office of good to society. There is a law of society—a supreme and a universal law, suitable for civilized and enlightened man under all circumstances, and in all ages. It was the gift of inspiration, and written through the instrumentality of the ancient “law-giver.” This rule or law, the inimitable decade was not suggested by his knowledge of mankind or its moral necessities. He was therefore prompted by inspiration and made the medium of revealing to man this divine rule or code for his civil, social, and domestic government while in relation to his fellow-men.

For the same reasons we are allowed to infer that he was also inspired to proclaim physiological truths, which are now taught by all sound orthodox medical men. The declaration that “the life of the flesh is the blood thereof,” was as much the result of inspiration as the divine decade itself, for if he knew not the moral wants of society, in all ages to come, he knew less of the physical structure or their functional qualities, because dissections had not been practiced. It was not hypothesis, it was wisdom taught him by inspiration, and is as much a truth as the decade is truth. If it be heterodox to deny the truthfulness or divinity of the decade, it is also heterodox to deny the truth or the inspiration which prompted the avowal of the above physiological truth. They were uttered about the same time and, although not engraven on stone, were nevertheless recorded as other divine truths are found recorded, preserved and mingling in the context. Admit the fact that medicine has undergone many mutations and changes, and that it lost itself as it were, in witchery and blasphemous incantations.—The sacred decade, too, with literature and science generally, were also all hidden in the gloom of the dark ages, but came forth through well known reviving and vivifying influences. With the revival of letters, science came forth also, and medical science among the others. It continued onward, improving from time to time, and its advancement was coeval with the progress of civilization. Christianity and medical science progressed together, side by side, and thus coupled they appeared as kindred systems. Physiology progressed and improved in proportion to the opportunities of investigation and the progress of research, and in its onward

progress the truth of the inspired writer was now clearly revealed. The regular system of medicine was that which progressed forward, kept pace with progress, confirmed original truths, and rejected ancient errors after showing their inappitency and falsity.

We claim then, to be, and no one will exhibit his want of liberality and intelligence by denying our unqualified right to it, the ancient system, in existence for thousands of years, which system has been sanctified by time as well as by its humane and benevolent offices. If we teach the truths which were once proclaimed by inspiration, and if the history of our system is plainly traceable back to the early records of the world, then it would follow that our's is an institution of divine appointment for the relief, as far as human agency can go, of our afflicted fellow man. If this be true, then it would be *heterodox* to oppose it and would be *infidelity* to avow any other doctrine.

But infidelity in religion is a reproach to those who advocate so dangerous a doctrine, say those whose duty it is to teach divine truth and point the sinner to repentance. The bible is the rule of faith, they persist, and it is heterodoxy to disbelieve its teachings. How, and with what fervor the various false systems and *isms* are denounced, with those who follow after them? How eloquently is truth portrayed, and how black is error made to be by the graphic description of the learned divine? All well, and all right, say we.

But let us inquire how many of this class of christian believers are there who are *infidels* in medicine? How many of them are believers in the various forms of empiricisms, embracing the different *isms* and *schisms* now turning the brains of the people with regard to medicine? For every *ism* in religion we can find one in medicine, for every *fanatic* system of theology we can find some *unbelief* in medical doctrine.

The infidelity is almost the same, the one betraying as much disregard for reason and truth as the other. But woe to him who believes in Mormonism, with its insulting and grossly immoral polygamous practices, and how much are *they* pitied and deplored who are led off by Millerism and its quick-coming consummation of all things!

It is as much to be lamented as it is true that many of those who

warn their followers most zealously against these dangerous systems, are the advocates and propagandists of the sheerest humbugs, the basest cheats, and the most untenable and erroneous doctrines ever advocated by rational and intelligent men. Their powerful control over the minds of their followers is very often used in favor of their darling system, whether Eclectic, Thompsonian, Homoeopathy, Hydropathy, the *ism* of recent birth, *tapo-o-pathy*, or some other of the "seven head and ten horned" infidel systems, scarcely furnishing claims to support, should the world be again enveloped in the oblivious condition of another Cimmerian night, when fanaticism and mental darkness shall shroud the mind and obscure the intellect.

We declare it to be our deliberate conviction that, if it were not for the vitalizing influences imparted to these several systems by some of those to whom the world looks with confidence for spiritual advice, that empiricism would present but a meagre spectre and if found at all it would be in the haunts of mental darkness, the depths of ignorance, and the home of blind superstition.

The world is strongly inclined to doubt the wisdom and judgment of those found in the chase after every will-o-the-wisp, which shows its phosphorescent colors to mislead and betray. There is a species of fickleness manifest in such persons, for the last which springs up is brightest and best, a kind of *sine qua non*, the very paragon of super-excellence. All preceding delusions are abandoned and the pursuit of the new is characterized by hot zeal and to be changed only upon the appearance of some new delusive light. Thus they go, led blindly, but yet led on, and on, from time to time, and such their mental appetite and such their perverted judgments that old truths become tame, tasteless, and insipid.—They want the spice of novelty, with the emotions which it always inspires to awaken an interest as much as a spoiled child indulged in sweetmeats, needs highly seasoned food to make an impression upon the sense of taste. With such there is a restless discontentment, they look for perfection in every thing with credulity enough to believe every new delusion is a specimen of perfection.

The firm believers in the christian faith, the true members of the medical profession well know that in the depths of our science there has been furnished more confirmatory testimony in favor of

its truth, than in all the other departments of science together.—The sound medical teacher will furnish stronger illustrations in support of the truths of the christian faith than found in any other department of science. They therefore contribute largely to the force arrayed against materialism and infidelity, and yet notwithstanding there are certain clergymen to be found who are loud in their condemnation of the regular and active in foisting into public notice and favor their favorite medical dogma.

Men essentially wrong in one particular, are prone to err in others particularly, where there is a tendency in the same direction. It is always better to leave each department to itself, to its own management, and in this particular medical men are remarkable. It is seldom that a learned medical man finds fault with the duties of the clergy or with the doctrines he teaches, so that they are orthodox, and he never meddles himself with them in the discharge of their duties. We ask for the same exemption and if we are denied it by community generally, we ask it especially from the learned divines. We accede to them a better understanding of the scriptures and the moral wants of community, and therefore leave, uninterrupted, the matter with them to direct. But while we yield to them in this particular, we claim that we too have burned the midnight lamp, closeted ourselves in the dissecting room with its mephitic air, have clung to our profession with a devotion amounting to an idolatrous worship, and claim the right we cheerfully accede to them—the right to know more and better of medicine than they. An imposter of a single month's manufacture is galvanized by these meddlers by their clerical influence, into a *beau ideal* of perfection. How absurd and illiberal such a procedure.

We do not wonder that the uninformed are misled and misguided by clap-traps in medicine because the artful management of the authors of them, is well designed to deceive the unwary. But when we see men claiming to possess a liberal education and large mental endowments, made the willing victims of chicanery, we feel that we have loud cause for complaint and very good reason for doubting their sincerity in any thing. Those engaged all the while in an analysis of the conduct of men and quick to detect error and the secret motives which prompt its execution, should cer-

tainly be able to detect, at first sight, the hollow artifices of the disciples of the several side-systems. We complain of such the more loudly, because a large number, governed by considerations of good to their fellow men, are zealously active in promoting the advancement and cultivation of medical science. For such magnanimous and pious men, these remarks are by no means meant or intended. We observe that these divines always select men of the highest capabilities and of the most liberal culture in medicine, in such they repose all the confidence, which their consciousness of human imperfection will allow them, in their wisdom and management. True medical men always receive from such considerations of respect and regard—dictated by an appreciation of their usefulness and efficiency in society.

No, we direct our remarks to that class we have plainly indicated and from whose intermeddling in the peaceful discharge of our duties, we desire to be relieved. This desire is dictated by considerations of humanity and not by selfish considerations. It is not from pecuniary considerations, because in that regard we are rather benefited by the existence of empiricism. Our motives are of a more elevated character and find their origin in a desire for the good of society. Nor is the dignity of the profession lowered, on the contrary, it is elevated by contrast with the low grade which these medical mountebank systems occupy. Virtue is dignified in proportion as vice is degrading. The one is admired for its purity and holiness in proportion as the other is hated and contemned.—It is therefore no selfish consideration that prompts these recorded thoughts, but for the welfare of the human family, whose health and life are jeopardized every day by quackery, that we appeal. The very life blood of these empirics is gleaned from men who are prominent in society and who would show their consistency just as well if they would aid and counsel the plunderer upon the highway or the pirate upon the high seas. Essentially it is the same, with this difference in the enormity of the offences,—the one is done openly and boldly, the other is done through deception and hypocrisy. In some particulars it is even worse, for the robber would avoid the destruction of innocent children and delicate females, but the empiric makes no discrimination. How terrible must be their retribution for the sin of experimenting upon children, with nos-

trains without the ability to protect themselves. This is done wilfully too often because the disciples of some of these isms must know they are practising hypocrisy and deception. Therefore no honest man can be found practicing them, because they *cannot* believe one iota themselves in the tenets which they propose to carry out into practice.

Conscientious and intelligent clergymen should bring the subject before their ecclesiastical assemblies for action, the error exposed, and the practice condemned. This course would do much to cure the evil of which we complain, and also relieve the body from an approbrium which pertains to it in consequence of the conduct of some of its members. We have spoken plainly and will continue to do so, but in a spirit of kindness and far from all ill-feeling. We are the friends of the clergy and do our share for their support while we listen with attention to their teaching. But a decent respect for ourselves and a humane regard for our fellow men, demand of us that we defend humanity against the practices of the empiric and ourselves against antagonistic influences.

Medical men do not generally charge clergymen for advice or services rendered to themselves or families and are pleased to contribute, as far as possible, to their well being and safety, but as a learned body of men, we claim an equal respect, confidence, and favor at their hands, instead of a warfare against a system acknowledged for centuries to be efficient for good in their arduous and responsible vocation.

A QUACK REMEDY FOR HYDROPHOBIA.

For more than forty years, a family by the name of Marchand, residing in western Pennsylvania, has had great notoriety for making and vending a nostrum for the prevention and cure of hydrophobia. Quite recently I had an opportunity of examining this nostrum, and send you the result.

The potion consists of three boluses, and in each bolus is a pellet of paper closely rolled. On unrolling the pellet carefully, I was enabled to read the following words, written in a fair hand: "Margarat, Feragat, Magulat." Of course the efficacy of the bolus resides in the magical words.

A fatal case of hydrophobia occurred last month in Alleghany

the friends had procured the Marchand nostrum, and I was thus enabled to see the bolus for the first time.

JOS. P. GAZZAM, M. D.

Pittsburgh, October, 1846.—*Med. News and Library.*

We had occasion in a former number of this work to refer to the numerous quack remedies used for the cure of hydrophobia. As far back as our recollection goes we remember to have heard of the boasted powers of this family in which there were several brothers who were physicians, all of whom claimed this power, but was kept concealed by them. This potent remedy we remember too was used, to the exclusion of all else, in the case of a Mr. M. Cammant, who was bitten by a rabid wolf, of which he died in fearful demonstrations of agony and suffering, "Margarat, Fergat, Magulat" to the contrary notwithstanding. One of these Marchands lived in Uniontown, Pennsylvania, another on the Monongahela below Brownsville, and we think there was another of these disciples of Margarat, & Co. somewhere dispensing his pellets. These men were uroscopists too and could do marvellous things even almost to raising the dead. They have been described to us as highly competent to carry on a successful system of chicanery, being smooth, sententious, retired, and wonderfully knowing. With this magical nostrum alone they doubtless amassed a fortune and with it too they as surely cured numbers who were bitten by *dogs not a whit rabid*. Uniontown was found to be a congenial spot for the success of empirics. A fellow by the name of Braddee who was strongly suspected of being connected with the great land pirate Merrill, figured there conspicuously for a time, during which he amassed a large estate. In every art of cunning he proved himself an adept, and it was astonishing the hold, which by his duplicity and deception, he had acquired upon the confidence of persons who made claims to intelligence and respectability. His great element of success lay in his vain boasting and the capacity of looking grave and profoundly sincere in his boasted powers.—Although amassing money he was not content with this kind of swindling, but it was believed he joined a gang of counterfeiters and prosecuted that scheme of money making which was little less honest than his other calling and pursuit. His pirate habits and

his proclivities for plunder became too strong for longer restraint, and incendiarism and mail robbing were perpetrated so frequently, that finally he was arrested, convicted of the latter, and sent to the State's prison, where he terminated his career of infamy and crime.

But we ever felt a curiosity to know the ingredients of this celebrated Marchand nostrum and feel that we owe a debt of gratitude to Dr. Gazzam for his discovery and revelation.

VIRTUES OF MEDICAL MEN.

The valedictory of Dr. Morse Stewart to the Graduating Class of the Medical Department of the University of Michigan, is truly an able document, abounding in truths most forcibly and happily expressed. We would that we could publish it entire. The following however is so excellent and so much in accordance with our views that we cannot refrain from extracting it. We have ever regarded the profession as a sacred mission, and quite too much so to make it a *cent per centum* consideration. By common consent it is regarded in this light by the true profession, for so soon as a desire for greater accumulation obtains, then the profession is abandoned for another and a more profitable field of operation.

We must confess that when we find a medical man looking to the proceeds of his professional labors as the bright road to wealth and opulence, we entertain serious fears that his attainments will be neglected, and that if he manifests a desire for improvement, it is only because he can make it profitable to himself individually. Such aspirations are too sordid and quite too selfish for the sacred vocation which he has unwisely chosen, for if he expects wealth, without compromising the dignity of the profession, he has deceived himself.

A physician in active practice is in a poor condition to attend to his finances. He must neglect one or the other, more or less.—And yet community is cold enough in some instances to condemn a medical man as "worse than an infidel" if he is not always in pursuit of his gains, with his pocket crammed to repletion with bills and accounts. Suppose that he is on the wing, in active pursuit of the "almighty dollar" and at the same time a bed-ridden patient is neglected because of it, what would he think if he knew

so ably considered by the learned author, and in a particular manner the compilation of the literature of the disease. Whether we differ with him or not in the existence of the pathological points which would entitle it to the nosological rank which he assigns it, he deserves infinite credit for the industry with which he has pursued the subject, and the ability which he has exhibited.

Since the publication of the article to which he alludes in his treatise, embracing the facts in relation to that disease which had fallen under our observation up to that time; we have enjoyed the opportunity of a more extended observation of its phenomena, and this additional experience would not justify us in closing in wholly with the author's pathological views of it. This experience, and these views, we will take occasion hereafter to present.

We find upon conversing with our medical brethren on the subject in different localities of the State, that they have met with cases of this disease, all whom are anxious for more light upon a subject heretofore so dark and obscure. To these, the article of Dr. Knapp will prove highly interesting and instructive. The article referred to by Dr. Knapp, was the first recorded notice of the disease in this State, and perhaps, of this region of the west, therefore the report we then made was the result of our own observations wholly and without the aid of any other observer. This too, was the gathering of but two years of experience, not having seen the disease in the more eastern States, which had previously been the field of our labors. Since then, we have added four years more of observation to our previous experience, a part of which was made under painful circumstances.

In our investigations we shall endeavor to present such facts as will bear upon the pathology of this peculiar affection, and those who have promised us the benefit of *their* experience will promptly furnish them. Others, who have met with cases of this nature will please contribute to the means of a still more satisfactory elucidation of the subject. We hope the author will pursue the subject as he has intimated, in order that the profession may be able to fix upon its true pathology in order to its place in the nosological arrangement of diseases.

If it be not dependent upon the puerperal condition, and this fact can be established, it will change entirely the position and the views of the profession heretofore on the subject.

human sympathies. It may be otherwise, and, no doubt, often is ; for, if avarice, or ambition be the motive which prompts to the choice and practice of medicine, the love of self is exalted above the love of our neighbor ; the claims of humanity are wholly lost sight of, and the sympathies of the man are dried up before the scorching, withering influence of the dominant purpose of the soul.

Cultivate, then, this noble virtue. Start upon your career of practice, deeply imbued with the benevolent character of your profession, and with the determination to maintain its character, and that its honor shall ever remain unsullied by any selfishness on your part. Engage in the practice of medicine, not as a means to enrich yourself, nor even as a *mere* livelihood, but with the high purpose of devoting your life to usefulness. Let it be your aim to do good to others as you have opportunity, and an approving conscience will sustain and comfort you—a better recompense, far, than money, for the labor and anxiety you must endure. So shall ye be classed among “ physicians of that nobler kind,” who

“ Join with care and skill,

A temperate judgment, a devoted will ;
Men who suppress their feelings, but who feel
The painful symptoms they delight to heal ;
Patient in all their trials, they sustain
The starts of passion, the reproach of pain ;
With hearts affected, but with looks serene,
Intent they watch through all the solemn scene,
Glad if a hope should rise from nature's strife,
To aid their skill and save the lingering life ;
But this must virtue's generous effort be,
And spring from nobler motives than a fee.”

But if from sordid motives you have chosen this profession and determined to practice it, you may succeed in your purpose, yet will not the happiness, which the higher incentive brings, attend you—and though you may receive your reward, yet if the vicissitudes of life, should suddenly dissipate your accumulated wealth, or blast your ambitious hopes forever, from whence could you look for consolation ?”

DR. KNAPP'S TREATISE.

We have concluded in this number the interesting essay of Dr. Knapp upon a subject of much interest to the profession generally, but particularly to the western practitioner, where the disease is more frequently met with. We are much gratified that it has been

profession scattered over the country, and especially one filling up and improving as rapidly as ours? It establishes a bond between the members of the medical body and it unites them in a common interest. It diffuses its influences equally among all and gives to the profession a character by embodying its experience and expressing its wishes. When we speak of the profession of any one State, we presume it is to a certain extent organized as such and when the profession of one district of country desires to speak to another, it does so through its organ which is reflected from the pages of the periodical in their midst. The progress of medical literature, is from time to time made known, and every new improvement immediately announced to them. It awakens a desire on the part of medical men to contribute to our medical literature, because the report of a case, with its treatment, finds a parallel perhaps in the experience of another. This will superinduce a closer observation and a more careful record of their cases.

These are a few of the many advantages arising from the periodicals of the country, which are well understood and appreciated by the mass of the profession.

We will estimate the appreciation, by our subscribers, of our former efforts by the promptness with which they will order their subscription renewed, those which expire with the present volume, which will be most gratifying, but more particularly so provided a new subscriber accompanies.

The next number will appear about the first of November, and then once every two months during the coming year, as the last volume. We shall make an effort to make the next volume an improvement upon the last, and our best efforts will be exerted to promote the interest and uphold the dignity of the profession.

CINCINNATI SCHOOLS OF MEDICINE.

There has been a project on foot to consolidate the Ohio Medical College and the Miami School, in that city; but it appears that there has been some difficulty in arranging the terms of union.—The old School proposed to submit the claims of the Faculties of both schools to public trial, and those found most worthy should be selected by the Trustees of the Medical College of Ohio.

If this trial take place before medical men, and the matter submitted to their decision, we would find no objection to it, but would approve of it. But if to a miscellaneous class of non-medical men the whole scheme would, in our opinion, fail of ultimate success. The proposition was *fair* enough on the part of that College, but was declined by the Miami College for reasons not stated.

We have ever believed that, considering the fact that there are two other well established and highly reputable schools in Ohio, there was no necessity for more than one in Cincinnati. That institution in possession of the best buildings, and the most appliances for teaching should be retained. If we are not misinformed, the State, at one period, made a bestowment of means in aid of the Ohio Medical College, and if so, the fund so appropriated should not be lost, but we trust that the Trustees will be able to agree upon a Faculty composed of men of learning, science, and of stern integrity. As we have said heretofore, an institution can not stand against the blighting influences of even one man connected with it, who is lost to all principle, and looking to nothing but the gratification of his own mad, uncurbed ambition, to gratify which, "the end is made to justify the means." Conciliation toward such may do, where there are a few moral obliquities, but where the vices predominate, then a stern inflexible decision should characterize the acts of those who love justice and right, above all other considerations.

There are worthy, talented, and learned men in both of the institutions in Cincinnati, and we are sure an able Faculty can be formed from the material in that city, whether in the schools or out of them. Prof. Armor, our old friend and colleague, is Dean of the Faculty of the Ohio Medical College, and is an accomplished teacher, as well as a scientific man. A Faculty made up of such men, cannot but give satisfaction and contribute largely to the advancement of medical science in that region.

By reference to the proceedings of the State Medical Society, we find that there has been an omission of several names who were elected members of the Society, viz: Drs. J. C. Bennett, Henry C. Grimmell, Thomas K. Brooks, William P. Davis and Smith Y. Campbell. J. C. Hanson, M. D., of Great Falls, New Hampshire, was elected Honorary Member, with all the rights and privileges as such.

SELECTIONS IN PRACTICAL MEDICINE

Dr. Gordon, Physician to the Hospital Hardwicke, recommends the use of chloroform in 3ss doses to subdue nervous irritation in fevers. In a case in which "the pulse was 130 weak, raving continually; difficult to restrain; requiring straight waistcoat; constant talking, no sleep; tongue brown and dry in the centre; thirst; eyes very congested, pupils dilated."

Under the continued use of chloroform in the above doses, he became much quieter and a still further use of the remedy put him to sleep from which he awoke refreshed and calm. From 5 P. M., to 8 A. M., the patient took $7\frac{1}{2}$ drachms of chloroform.—*Ran-king's H. Y. Abstract.*

Hot douche in Typhoid Pneumonia.—Dr. Jones, of Petersburg, Virginia, used the hot douche in typhoid pneumonia where the patient was so far reduced as to lie on his back, knees drawn up, countenance sunken, pulse low, cerebral disturbance, tongue loaded, hurried respiration, cough, red tongue, &c. The patient was laid upon his face and five gallons of water, as hot as could be borne, were immediately thrown upon the spine, after which, he was wrapped in blankets and placed in bed, sleep followed. This was again repeated and the same results followed. Dovers powder grs, x. was also given and in a few days he was well.—*Ibid.*

Cantharides and Strychnine in Incontinence of Urine in Children.—Dr. Gross says that these remedies succeed when every thing else has failed. It must be continued until strangury is produced.—Ed.

Iodide Potassium.—This article gains power by combination with iodine itself. When the salt is adopted and the iodine admissible, they should be used in conjunction.—*Dublin Gazette,*

Rheumatism.—The treatment settled upon for this disease in the London Hospitals consists in the exhibition of the neutral salts. Some of the forms, as the acetate, tartrate or nitrate of potash. With the use of one of these remedies and prosecuted vigorously, the “six weeks” duration of the disease as the ordinary term of Watson is very materially shortened.—*American Journal from Med. Times & Gazette*,

Injections of Water and Milk into the Peritoneal Cavity for the cure of Cholera.—Dr. Herapath proposes a combination of these fluids to be injected in the peritoneal cavity, for the purpose of supplying to these tissues the serum they have lost, and as a combination of milk and water forms a compound similar to serum, and is supplied to these tissues to make up the deficiency.—*Dublin Gazette & Amer. Journal*.

Pyrosis.—Galic acid is recommended for the cure of this where there are no ulcers in the stomach. Water-brash, as it is termed, is soon relieved by its use.—*Asso. Jour. & Amer. Journal*.

Fumes of Opium in Coryza.—A few grains of powdered opium thrown upon a plate of metal heated, will give forth its fumes while the patient is to forcibly inhale it. This treatment is often successful.—*Amer. Journal & Gazette Med.*

Hiccough.—Dr. Upsher says that “this symptom is the result of spasms of the diaphragm, and can be relieved by a bandage tightly applied around the lower part of the thorax, which relaxes the diaphragm and causes a cessation of the spasms. It may also prove of much assistance in relieving cases of chronic vomiting not dependent upon organic diseases of the stomach.—*Medical Counsellor*,

Iodine and Nitrate of Silver.—A correspondent in the Medical Counsellor, recommends for the treatment of erysipelas that the tincture of iodine should not be first used over the part—then to be immediately followed with the nitrate, the resulting compound being a dull white. This of course, is the iodide of silver. This course was recommended by Dr. Nutting, but the correspondent thinks that a patient’s “leg” is no laboratory, and therefore, the preparation should be first made then applied.

Would the correspondent refrain from the use of soda in acidity of the stomach, lest he would make a *laboratory of that organ*?—Ed.

Emmenagogue Properties of Chamomile Flowers.—Dr. H. T. Brown maintains that the emmenagogue properties of these flowers are not appreciated. He uses the tincture prepared in the following manner. R Chamomile flowers 3ij, dilute alcohol Oj.—A teaspoonfull every three hours. A liniment of camphor, oil of turpentine and spirits ammonia, as an external application over the lumbar and pelvic regions. This treatment he thinks very favorably of in suppressed menstruation. For our part we are incredulous as to the powers of the so called emmenagogues. Chamomile flowers are regarded as tonic, and their virtues in his hands may have been found to reside in this property and not in any specific action. The cure, upon which he lays much stress, in order to exhibit forcibly the curative quality of this plant, may have been chlorotic, requiring a tonic and hence his success. We cannot but believe that if the diseased condition of the system, which suspends or even suppresses this discharge, can be overcome, then this, and other secretions will go on normally. If, to illustrate, the discharge is suspended by an intermittent attack, which last is removed by quinine, and after this the normal discharge takes place, is then the quinine in this instance an emmenagogue? Now on this principle we may largely multiply the class of emmenagogues. Lactation suspends the catamenia, but would chamomile or any other of the class of emmenagogues reproduce it? We think not. We have seen the menstrual discharge which had been suspended, reproduced under the use of iron, in cases where there was anemia. The result in these cases, was but the effect of a cause, and that cause resided in the improvement in the general health by the tonic powers of the iron. Intussusception of the bowels produces obstinate constipation, one of its symptoms. But who, if he diagnosed the case correctly would rely upon cathartics, which would but aggravate the symptoms? Remove the spasm and thereby the obstruction, and the bowels will act *sua sponte*. In nineteen cases out of twenty of suppressio mensium, it is dependent upon some local or general disease of the system—a dependent circumstance and not a cause.—Ed.

Tinnitus Aurum.—When it arises from scanty secretion of wax and a little deafness attending, a few drops of the spirit of nitric ether dropped into the ear or it may be used by moistening cotton with it and introducing it into the meatus.—*Ibid.*

Nitric Acid in Hooping Cough.—Dr. Gibb in his work on this disease, highly recommends that the acid be given as follows: \mathfrak{R} Dilute Nitric Acid (London Pharm.) $\mathfrak{z}\mathfrak{j}$; Cardamum Comp. $\mathfrak{z}\mathfrak{i}\mathfrak{j}$; Syrup Simp. $\mathfrak{z}\mathfrak{i}\mathfrak{j}\mathfrak{s}\mathfrak{s}$; Aqua $\mathfrak{z}\mathfrak{j}$. M. Dose a desert spoonful every hour or two to a child two years old.

(The introduction of the vaccine virus, which we have practiced for a number of years, into the arm is a remedy of as much potency as any other. Ed.)

Gangrene of the Lung.—Dr. Bowditch of the Mass. General Hospital cured a case of gangrene of the lung with *liquor soda chlorin* in ten drop doses, frequently repeated, anodyne inhalations and a generous diet.—Virg. Med. & Surg. Jour.

Leibig's new broth for the Sick.—Take a half pound of the flesh of a recently killed animal, (beef or the flesh of a fowl) and chop it fine and mix it well with a pound and eighth of distilled water, to which four drops of muriatic acid is added, with from half drachm to one drachm of muriate soda (common salt). After it has stood an hour the whole is thrown on a common hair sieve and the fluid is allowed to run off without pressure. The first that runs off is turbid and must be thrown back from time to time until it runs off clear. On to the fleshy residue in the sieve a half pound of distilled water is added in small portions. In this way a pound of fluid extract of meat is obtained, of a red color and an agreeable taste of broth. The sick can take a cup full at pleasure. It will not bear heat.—London Lancet.

(This has been tried by us and we find it a valuable article of diet and much liked by the patients for whom we have recommended it. It is composed of animal albumen and hæmatin, constituting the very best pabulum for the blood, so much required where there has been much exhaustion and those in which the vital constituents of the blood have been lost. A fine material out of which to manufacture red particles. Ed.)

Lactate of Iron in Nervous Diseases.—This article is used with antispasmodics in the following combination. R Valerianate Zinc 3ij; Lactate of Iron 3iss; Extract Belladonna 3ss; Extract Valerion q. s. to make 60 pills. 2 are taken for the first two days and afterward gradually increased.—*Memphis Recorder*.

(We have found the above to be valuable in a case of epilepsy. Ed.)

Solidified Milk.—This is made by adding to 112 lbs. of fresh milk, 28 lbs. white sugar, and a teaspoonfull of bi-carbonate of soda. It is then evaporated in a water-bath at a moderate temperature, being stirred and agitated all the while, but so moderately as to avoid churning. In three hours it assumes a pasty consistency, and by constant manipulation and warming, it is reduced to a rich, creamy-looking powder. It is then exposed to the air to cool, weighed into parcels of a pound each, and pressed into a brick-shaped tablet, which is covered with tin-foil. This will keep for any length of time, and may be grated and dissolved in water for use, answering all the purposes of ordinary milk, even to the making of butter. Our ships and steamers will find this solidified milk convenient and economical, and it may come into general use in cities. It is particularly convenient for use in sick-rooms and hospitals.—*Memphis Med. Recorder*.

Tincture of Iodine with Chloroform in Inhalation.—In the Bulletin de Therapeutique of Paris, M. Titon, calls attention to the perfect *solubility and volatiolity*, of iodine in chloroform. He says chloroform dissolves iodine even to complete saturation in the proportion of 20 to 100. Ten minutes after an inhalation of five minutes, the iodine was detected in the saliva, and in fifteen minutes in the urine. It may be breathed from a phial held to one of the nostrils for two, four, or ten minutes.

This is certainly a new and most efficient mode of administering iodine, decidedly one of the most valuable agents of our *materia medica*.—*Nashville Journal of Med. & Surgery*.

BIBLIOGRAPHICAL NOTICES.

Clinical Lectures upon Paralysis, Disease of the Brain, and the Affections of the Nervous System. By R. B. TODD, M. D., F. R. S. Philadelphia—Lindsay & Blackiston.

We have "line upon line" upon Cholera and its treatment, volume after volume upon fevers, monographs, essays and treatises upon malaria, contagion, &c., all valuable, and each in itself of grave import, but we have not recently met with a work more valuable than the above, not more in the abiding importance of the subject it treats than the able manner in which it is performed.

The more extensive our experience in cerebral diseases, the more we are inclined to condemn indiscriminate bleeding with the view to the control of cerebral phenomena. We have deemed it our duty, because of the position we have occupied, to enter our solemn caveat against an error which we believe has been often a fatal one. The author shows that cerebral symptoms are often the result of too small an amount of blood in the brain. Not only is this the case, but often that blood may be sadly defective in normal proportion. A diminution of the life—imparting constituents—the red corpuscles, will usually result in cerebral disturbance as in protracted cases of gastro-enteritis in children, and yet we have seen in these cases cupping and leeching, from the temples and nape of the neck, resorted to for their control; when stimulants are demanded and food is needed to furnish material from which to form the blood into its normal proportion of constituents. In this case there is a loss of sensorial power as in delirium tremens, and then again the blood in other cases acquires a poison, the depressing effect of which will disorder the brain as in typhoid fever, in which case such agents as will increase the biotic force will be indicated. So also in cases of insanity in which the nervous debility is the cause of the aberration. Irritation is usually the hand-maid of de-

bility, in which case tonics and stimulants are often profitable in insanity.

This work exhibits a chasteness of style which with the valuable facts it contains, together with an intrinsic superiority every where manifest in its pages, constitutes it one of the most important additions to medical literature extant.

Ranking's Abstract.—We are in receipt of the 21st No. of this most valuable periodical, containing 299 pages of choice contributions to medical science. We would be gratified in being able to present a synopsis of the work and a brief review of many of the articles found upon its pages, but time and limit forbid. In *practical medicine* it contains much that is new and interesting, and in the department of *surgery*, as well as *midwifery*, the reader will find upon examination numerous items of deep interest and concern. It is published by Lindsay & Blackiston, Philadelphia, an establishment whence proceeds, from time to time, large and valuable additions to medical literature. Terms, two dollars per annum, and published half-yearly. The above mentioned firm has won golden opinions from the profession for their efforts to supply the profession of this country with so many valuable books on medicine.

History of the American Medical Association. By N. S. DAVIS, M. D., &c., &c., Chicago, Illinois. Edited by S. W. BUTLER, M. D. Philadelphia. Lippincott, Gambo & Co.

This little volume, of near 200 pages, is certainly a very welcome addition to the other valuable contributions of which we are in the daily receipt. The history of the origin and progress of the American Medical Association is, even now in its infant years, a most interesting record, but in future time when the profession shall have changed, and those hereafter to compose that body, desire to look back upon the circumstances which gave rise to it, as well as those attending its early progress and its doings, will find this a most valuable as well as reliable document. We commend our distinguished northern neighbor for the motive which dictated this offering, and the able manner in which he has executed it. It was fitting and proper that he should, while all the facts were fresh and green in his memory, throw them together in form, for the time is

coming when the influences of this organization will be more profoundly felt and acknowledged by the profession, and when its powers for good will be more plainly manifest.

The association has numbered but a few years, comparatively in its history, and therefore cannot, nor ought not, to be regarded as more than a bare commencement. Several improvements, however, we think ought to be made in its workings, which we hope will be effected. One very important feature in its organization should be the discussion and settlement of important questions in medicine. This we suppose was the original design, for the very title of the organization would indicate as much. The American Medical Association should establish an American Medical literature, and it is incumbent upon American physicians to do it in an aggregate capacity. Then we should have all the contributions, reports, &c., read before the society, and not send them to a committee of a few, to accept or reject as they in their discretion or judgment may deem best. Is there a member of that body who would be willing to leave the Medical literature of our country to a committee of two or three of his fellow members? Let the Association settle certain disputed questions, and let the majority decide upon them according to the proofs, their experience, and judgment. This is a work of grave import, and time should be given to these weighty considerations. When members will tear away from their cares and duties, it should be done for "no light or transient causes," but from motives growing out of the best interests of science and humanity. When this is the spirit and design of the organization, why hurry away without accomplishing any thing definite? Let them remain together until vexed questions are settled. These objections must be met by a reform, otherwise there will be louder "croaking," more "grumbling," and multiplied "complainings." Let these things be considered, and if our session is to be prolonged, let it be agreed upon and understood. Let us hear from our brethren on the subject.

New Hampshire Medical Society.—The proceedings of the sixty-fourth anniversary of this ancient and honored society, have been received. From a cursory glance at the report we find much that is highly interesting and valuable. The annual address of Prof. Albert Smith, of Dartmouth College, is a good, clear, logical,

and common sense production, exhibiting the author to be not only a deep thinker, but having another commendable quality, that of thinking for himself. We close in with his views on *conservatism* in medicine, indeed there is scarcely any thing in this address to which we could take exception. We make the following extract, which we find at the close of the address, in which will be found the sentiments of all truly good physicians. It is a good mirror in which to find the reflected image of the high souled man and at the same time we will find emphatic expressions of deep condemnation of meanness and knavery. He points out those who bring dishonor upon their profession and says it is "those who are ever trimming their sails to catch the first breath of popular opinion, so as never to be found in minorities, or in any way opposed to their patrons; who, instead of leading, as their qualifications and standing should entitle them to do, are led by the ignorance, credulity and arrogance of their employers—it is these men who bring contempt upon our calling, and induce many of the people to class us on a level with empirics. We shall never fully command respect and confidence until we show ourselves an enlightened, scientific body, actuated by principle and justice, and also as self-possessed and self-relying men, ready for any emergency that can be surmounted by any human means. We rejoice to believe that this improvement is in ample progress, and that a great portion of our profession at this time are well educated, growing men; men who have never, and never will bow to unworthy acts or management for business; who would rather be poor than mean, or starve than be knavishly artful—men who, in the words of Shakspeare, will never

"Bend the pliant hinges of the knee,
That thrift may follow fawning."

While mindful of our obligations to the profession, let us zealously cherish and remember our duties to ourselves. We should be men, as well as physicians, of the highest and noblest character; Christians as well as philosophers; in truth, we cannot be true philosophers unless we are also Christians."

Such are the sentiments of a man distinguished for the noble qualities of head and heart, and such too are the sentiments of every high minded, honest, and honorable man in the profession.

There should be no conservatism which would justify us in looking indifferently upon the acts of those whose conduct tends to degrade us all. Those who find apologies for such are too loose themselves in the estimate they may make of the character of medical men.

Dr. McFarland pronounced an oration on the poetry of the medical profession. A singular subject and yet well treated. This is followed by a dissertation by Dr. Mason on the chemical changes which take place in the body while in a state of disease.

This society was established in 1791 and enrolls among its members some of the most distinguished men of this and other countries, among whom are Jenner, Rush, Wistar, Physick, Barton, Dorsey, Warren, Hosack, Mott, the Becks, and Mussy, with very many others equally distinguished. The proceedings show that Dr. Mussy was present and participated.

Case of Penetrating Gun Shot Wound of the Heart.—The above case is reported by Dr. Carnochan of N. York in pamphlet form, although it appeared previously in the *American Medical Monthly*. It is accompanied by an accurate drawing, constituting it a very valuable illustration.

There is nothing very remarkable that a ball should lodge in the muscular structure of the heart; this might have and doubtless has, occurred again and again, but the case is interesting because life was prolonged for eleven days, during a part of which time the patient betrayed but little manifestation of suffering or even irritation. The autopsy showed that the opening made by the ball into the pericardium was closed by plastic exudation, that the cavity was filled with serum slightly tinged with blood and so much distended as to encroach upon the lungs on either side. The heart *in situ* gave at first sight no evidence of the existence, within its substance, of a foreign body of any kind, but the sense of touch detected a ball in the muscular tissue, one third of an inch in diameter, embedded in a cyst one-fourth of an inch beneath the outer surface and in the septum between the right and left ventricles.

The cause of death is attributable to the inflammation and its resulting consequences.

The case is a peculiar one because of the little disturbance it occasioned for some days and the duration of life after the accident. Evidently nature was making an effort at reconciliation and

contribute largely to American Medical Literature, and we ardently wish for the success of each. We have sent out our "*messenger*," and trust it will be received in the same spirit of kindness in which it is sent on its "greeting errand." It gives notice that we "still live and have our being," and are inspired by the hope "that is within us," that we will continue to do so. From present indications our Class will be as large, if not larger, than last session, and we can assure our medical friends that we are fully ready and prepared for the discharge of our duties, and that whatever of State pride is entertained as growing out of the existence of the Medical Department of the University, it shall not be disappointed so long as they, (as all good citizens should,) feel an interest in the welfare of their own State literary and scientific enterprises. The best and most liberal minded men of other States, have ever exhibited the deepest interest in their own institutions, and will point the stranger with exultation to the literary and scientific enterprises towering up in their midst. To a young State like ours, in whose valleys the echo of the red-savage is still faintly heard, it is a source of pride, as well as promise, that the means of instruction in literature and science are so abundant and within the reach of every one desirous of prosecuting them. Free instruction is yet to constitute a feature of our systems, having in view the march of mind and accords with the spirit of our institutions, and of progress. We will never come up to the letter of republicanism until our State governments provide most liberally to this end. This feature, in part, has been adopted in the Medical department of the State University, but the time is coming when the people will provide liberally for all branches of instruction, and open the doors wide for the admission of all.

Our Session will open on the first of November next, at which time we hope as many Students will be present as possible. Prof. Allen will deliver the Introductory, which will doubtless prove a treat to all who can arrive in time to hear him. After the introductory, each Professor will, in his place in the Halls of the College, deliver the introductory to his Course, which will also be important, because containing a synopsis of the subjects to be treated by him, and their arrangement.

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